



## MOTOR ACCIDENT REPORT FORM

Please note that every question on this claim form must be answered and it is compulsory that the insured sign the form accordingly

Name of Insured.....

Address:.....

Occupation.....Telephone No.....

Policy No.....Date of payment of last premium.....

### INSURED VEHICLE CONCERNED IN THE ACCIDENT

MAKE	HP OR CC	REGISTERED LETTERS & NUMBERS	WHAT CATEGORY OF LICENSE	PURPOSE(S) FOR WHICH THE VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT

### DRIVER

Name.....Age.....

Address of person driving at time of incident.....

Does he/she hold a licence.....What category.....When does it expire.....

Has he/she been convicted of any motoring offence.....

How long has he/she been driving (a) this type of vehicle..... (b) Any other type of vehicle

State whether the person driving at the time of accident is:

(a) the owner, (b) his employee, or (C) relative or friend..... If employee, how long has he been in the employment?.....

If owner was not driving, state whether the person driving at the time of the accident owns a vehicle himself.....

If so, state name and address of insurers.....



**WITNESSES**

Give names and addresses of all witnesses

Passengers in ) .....  
Insured's vehicle)  
.....)

Other Witness ) .....  
.....)  
.....)

If no names of witness taken, please state reason.....

Did a police official witness accident or take particulars?.....

If not, to which police or other Authority has Accident been reported?.....  
.....

**DAMAGE TO INSURED VEHICLE**

State full details of damage:

.....  
.....  
.....

Where can the vehicle be inspected?.....

Estimated cost of repairs.....

Repairer's name, address and telephone No.....

WHERE THE POLICY PROVIDES INSURANCE FOR DAMAGE TO THE VEHICLE,  
A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE. BUT THE  
REPAIRS SHOULD NOT BE PUT IN HAND WITHOUT THE APPROVAL OF THE  
COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY.  
\_\_\_\_\_

**THIRD PARTIES INVOLVED IN THE ACCIDENT**

State names, addresses of any passengers and/or other persons sustaining injury and give nature of injury and stating exactly where they were at the time of the accident.

.....  
.....  
.....

Give names and addresses of owner and registered number of any other vehicle concerned

Give particulars of any damage sustained by such vehicle, or any property not belonging to yourself.....

If notice of Third party claim has been given verbally or in writing, please give particulars

.....

IF ANY WRITTEN COMMUNICATION IS RECEIVED, PLEASE FORWARD IT IMMEDIATELY UNANSWERED

Has the current premium been paid?.....if yes, when was it paid and to whom.....

I declare the foregoing particulars to be true in every respect, and I hereby leave in the hands of the Company in accordance with the conditions of the Policy the conduct of all claims and litigation arising out of this accident and to which the Policy applies, to deal with, to prosecute and/or settle as they think fit without further reference to me, and I undertake to give all such information and assistance as the company may require.

Signature of insured.....Date.....20.....

**THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM**