

NAME OF THE INSURER

MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

1. No liability under the policy is admitted by issue of this form.
2. Neither Owner nor driver must admit faulty or liability for this Accident.
3. Do not answer communications about this Accident, but send them to the Insurers for consideration.
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the insurers.

Insurers Claim No.....

Brokers Ref. No.....

POLICY HOLDER	Name..... Tel. No..... Address..... Business/Occupation.....
POLICY	Number..... Expiry date..... Name of hire purchase or finance company.....
VEHICLE	Make & Model..... HP/CC..... year of Manufacture..... Reg. No. of vehicle..... Carrying capacity..... Reg. No. of Trailer..... Carrying capacity..... Name and Address of Owner.....
USE	State the exact purpose for which the vehicle was being used at the time of the accident.....
COMMERCIAL VEHICLES	Description of goods being carried..... Name of owner of goods..... Was a trailer attached..... Weight of load on (a) Vehicle..... (b) Trailer's
DRIVER	Name..... Occupation..... Actual Date of Birth..... Address..... Tel. No. Is he employed by you?..... How long has he been in your service?..... Was he driving with your permission?..... How long has he been driving motor vehicle?..... Was he in any way to blame for the accident?..... Did he admit liability?..... Has he had any previous accident?..... If so, how many and approximate date?..... Has he any conviction for any offence in connection with any motor vehicle or any charges pending?..... If so, give details including dates..... Does he hold a full or provisional licence to drive the vehicle?..... If full, state date when driving test first passed..... Number..... Does he own a Motor Vehicle?..... If so, give name and address of insurer..... Driver's Policy No.....
ACCIDENT	Date..... Time..... a.m./p.m. Place..... Type of road Surface..... visibility..... Wet or Dry?..... What lights were showing on your vehicle?..... What warning did your driver give?..... Estimated speed before accident..... Weather Conditions..... Did Police take particulars?..... If so give Constable's number and station..... To which Police Station was the accident reported..... Attach copy Notice of intended Prosecution if any.....

Turn Over

PLAN OF ACCIDENT

Draw sketch (stating measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossings and other relevant information.

STATEMENT BY DRIVER

Signature.....

STATEMENT BY OWNER OR POLICY HOLDER

DAMAGE TO INSURED VEHICLE

State briefly apparent damage.....
 (In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the insurers an estimate for repairs).
 Repairer's name and address..... Tel. No.
 Is the vehicle still in use?..... When and where can it be inspected?.....

OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED

Name and address of Owner	Reg. No	Name of Insurer	Other property damaged
.....

Name and address of driver:

PERSONS INSURED

Name and address	Relationship to the Policyholder	If Driver or Passenger Reg. No. of Vehicle	Apparent injuries
.....

INDEPENDENT WITNESS

Name	Address
.....

PASSENGERS WITNESS

Name	Address
.....

I DECLARE that these particulars are true and undertake to forward immediately (and unanswered) any correspondence relating this accident.

Date..... Signature of Policy Holder.....