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MOTOR VEHICLE ACCIDENT REPORT

PLEASE ANSWER EACH OF THESE QUESTIONS COMPLETELY

POLICY NO: _____ CLAIM NO: _____

Section A: personal details

1. Insured: _____
2. Address: _____
3. Occupation/business: _____
4. Telephone no: _____ E-mail: _____

Section B: circumstances of loss or damage

5. Policy no: _____
6. Renewal date: _____
7. Insured value: _____

Section C: vehicle details

8. Vehicle registration: _____ Year: _____ Make: _____ Model: _____
9. Please state exactly what the vehicle was being used for at the time of the accident: _____

10. Was the vehicle being used with the owner's consent? Yes No
11. Please specify any mortgage or hire purchase applicable to the vehicle: _____

12. How many passengers were being carried? _____
13. If goods were being carried, please:
(a) state the name of the owner: _____

(b) give a description of the goods: _____

Section D: driver details

14. Name of driver: _____

15. Relation to owner: _____

16. Home address: _____

17. Home telephone: _____

18. Business address: _____

19. Business telephone: _____

20. Occupation: _____

21. Date of birth/ID no: _____

22. Driver's licence:

No: _____ Class: _____ Date of issue: _____ Expiry: _____

Please attach photocopy of driver's licence

23. Taxi badge: _____

24. (a) Has the driver had any previous accidents? Yes No

(b) If **Yes**, please give details:

25. Does the driver own a vehicle? _____ Where is it insured? _____ Registration no: _____

26. (a) Does the driver have any physical infirmity, defective vision or hearing, or loss of a limb or eye? Yes No

(b) If **Yes**, please give details:

Section E: accident details

27. Date of accident: _____ Time: _____ Place: _____

28. Did the police go to the scene? _____ Were measurements taken? _____

29. Policeman's name and number: _____

30. Police station which received report: _____

31. (a) Was either party warned of prosecution? Yes No

(b) If so, which party? _____

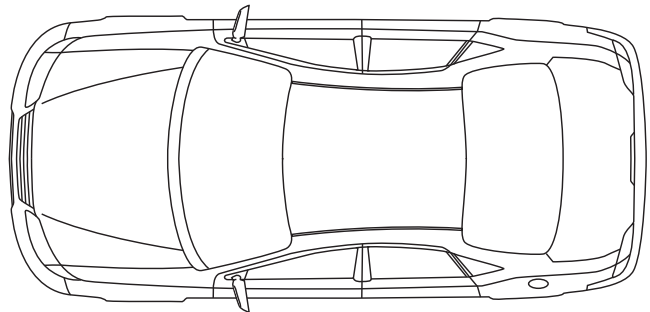
32. Was the road surface paved or unpaved? _____ Condition of road: _____

33. What was your speed before the accident? _____ Did you give any warning or signal? _____

34. In your opinion, who was at fault? _____ Were your lights turned on? _____

Section E: damage to vehicle:

35. Please specify damage to the vehicle and indicate it on the drawing, marking the point of impact XXXX



(a) Where can the vehicle be inspected?

(b) Is the vehicle still in use?

Yes No

Section F: details of personal injuries

36. For each injured person, please supply the following information:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Age: _____

Age: _____

Nature of injury: _____

Nature of injury: _____

Where treated: _____

Where treated: _____

Was this injured person:

- a. an occupant of your vehicle
- b. an occupant of another vehicle
- c. a cyclist
- d. a pedestrian

Was this injured person:

- a. an occupant of your vehicle
- b. an occupant of another vehicle
- c. a cyclist
- d. a pedestrian

Section H: third party particulars

38. Please supply particulars of any other vehicles involved in the accident:

	Vehicle 1	Vehicle 2	Vehicle 3
Registration number:			
Make:			
Model:			
Owner:			
Telephone:			
Address:			
Third party insurer:			
Name of driver:			
Telephone:			
Address:			
Description of damage:			

Details of damage to other property: _____

Name of owner: _____

ANY COMMUNICATION RECEIVED FROM OR ON BEHALF OF ANY CLAIMANT MUST BE FORWARDED TO THE COMPANY IMMEDIATELY

Section I: statement by driver

39. Please give full details of the accident or loss as it occurred. In all cases of theft, please include the engine number and colour of the colour of the vehicle, any special features, and the date and time when notified to police.

SKETCH: Please make a rough sketch of the accident location showing the direction of vehicles and where applicable the positions of traffic lights, signs, warnings etc.



Declaration

I/We hereby declare that the foregoing particulars supplied on this form are true in every respect and that no material information has been withheld.

Driver's signature: _____

I.D No: _____ Date: _____

Insured's signature: _____

I.D No: _____ Date: _____