

MOTOR VEHICLE ACCIDENT / LOSS REPORT
THIS ORIGINAL COMPLETED FORM MUST BE GIVEN TO YOUR INSURER TOGETHER
WITH AN ESTIMATE FOR THE COST OF REPAIRS TO YOUR VEHICLE

AGENCY			CLAIM NO.:							
POLICY NO.		_ APPLICABLE EXC								
THE INSURED										
NAME			EMAIL ADDRE	SS						
OCCUPATION_										
BUS. ADDRESS										
IS THE INSURED VAT REGISTERED?				·						
IS THE INSURED VAT REGISTERED? Yes No VAT REG. NO. VAT REG. NO.										
MAKE AND MODEL	CHASSIS NO.	ENGINE NO.	REGISTRA	TION NO.	SUM INSURED					
Is the vehicle subject to a Hire Purchasi	a Agreement \square	Bill of Sale	п ——	Mortgage	Other?					
If so, state name and address of finance	_			-						
ii 30, state fiame and address of imano	e Company									
IS ANY ANTI-THEFT DEVICE FITTED TO THE VEHICLE? No Tyes MAKE MAKE										
THE DRIVER										
NAME OF DRIVER				SEX Male 🗌	Female					
RELATIONSHIP TO INSURED	OCCUP.	ATION								
EMPLOYER										
BUS. ADDRESS				PHONE NO						
RES. ADDRESS				PHONE NO						
EMAIL ADDRESS										
DRIVER'S PERMIT NO.		ISSUE DATE	mm/dd/ss	EXPIRY DATE _	mm/dd/u					
DATE OF BIRTH		CLASS OF VEHICLE I	IIIII/dd/yy ICENSED TO DF	RIVE	mm/dd/yy					
Has driver any physical impairment?										
For what purpose was vehicle used?										
Has driver been involved in any accider	nt within the past three year	rs? Yes□ No□	Has driver been involved in any accident within the past three years? Yes No							
Date	Vehicle No									
Date Is the driver insured in his own name in			Ins. Co							
	respect of any other motor	rvehicle? Yes No	Ins. Co]If							
Is the driver insured in his own name in	respect of any other motor	rvehicle? Yes No	Ins. Co]If			_				
Is the driver insured in his own name in yes, state particulars of Ins. Co.	respect of any other motor	r vehicle? Yes No	Ins. Co] If 	Policy No		_				
Is the driver insured in his own name in yes, state particulars of Ins. Co. THE ACCIDENT	respect of any other motor	r vehicle? Yes No	Ins. Co] If TIME	Policy No		_				
Is the driver insured in his own name in yes, state particulars of Ins. Co. THE ACCIDENT DATE OF ACCIDENT	respect of any other motor	r vehicle? Yes No	Ins. Co]If TIME	Policy No	4.М.					
Is the driver insured in his own name in yes, state particulars of Ins. Co. THE ACCIDENT DATE OF ACCIDENT LOCATION DIRECTION OF INSURED'S VEHICLE	respect of any other motor	r vehicle? Yes No	Ins. Co]If TIME	Policy No	4.М.					
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Is the driver insured in his own name in yes, state particulars of Ins. Co. THE ACCIDENT DATE OF ACCIDENT LOCATION DIRECTION OF INSURED'S VEHICLE ROAD SURFACE CONDITION We	respect of any other motor	r vehicle? Yes No No Direction OF OT WEATHER CONDITIONS	Ins. Co If TIME THER CAR TION Rainy [Policy No	A.M. P.M. SPEED					
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THIRD PARTY PROPERT	Y DAMAGE				
OWNER NAME(S)		RESIDENTIAL/BUSINESS ADDRESS	PHONE NO.		
DRIVER NAME(S)	F	RESIDENTIAL/BUSINESS ADDRESS		PHONE NO.	
DATE OF BIRTH mm/dd/yy	OCCUPATION	DRIVER'S PERMIT NO.	ISSUE DATE mm/dd/yy	EXP. DATE mm/dd/yy	
2)					
DATE OF BIRTH mm/dd/yy		DRIVER'S PERMIT NO.	ISSUE DATE mm/dd/yy		
	MAKE & MODEL OF VEHICLE REGISTRATION NO. T/PARTY				
EXTENT OF DAMAGE					
THIRD PARTY BODILY IN					
NAME		AGE RES. ADDRESS	PHO	NE NO.	
		AGE NEG. ABBILEGO		NE NO.	
OCCUPATION	EMPLOYER	BUS. ADDRESS	PHO	NE NO.	
NATURE & EXTENT OF I	NJURIES	ATTENDING PHYSICIAN AND/OR HO	SPITAL		
1)					
2)					
3)					
SKETCH					
SHOW DIRECTIONS AND	POSITIONS OF VEHIC	CLES INVOLVED, DESIGNATING CLEARLY POINT OF CO	NTACT		
DESCRIPTION OF ACCID	MENIT				
DESCRIPTION OF ACCID	/CIN I				
In your opinion who was at		Did such person admit respo	onsibility?		
** Please do not exceed m					
	•	d correct to the best of my/our knowledge and belief.			
Date of Report		Signature of Driver		_	
Signature of Insured		<u></u>			