

MOTOR ACCIDENT REPORT FORM

Claim No.....

**PLEASE COMPLETE AND
RETURN TO****PROVIDENT[®]****INSURANCE COMPANY LTD.**

PLEASE ANSWER EVERY QUESTION

Company:	Branch:	Policy No.:	Renewal Date:
INSURED	Name..... Occupation Private Address..... Tel. No..... Business Address..... Tel No.....		
VEHICLE	Make..... Reg. No..... H.P./C.C..... Year of Make..... Name and Address of Owner..... If vehicle subject to Hire Purchase Agreement state name of Finance Company..... State fully the purpose for which the vehicle was being used Number of trailers attached to vehicle..... Were goods being carried? YES/NO if so state: (a) description..... (b) owner..... Additional question for TRADE VEHICLES only Weight of load on (a) vehicle..... (b) trailer(s)..... Additional question for MOTOR CYCLES only Was a side car attached? YES/NO* Was a pillion passenger being carried? YES/NO*		
DAMAGE TO INSURED VEHICLE	What damage was caused to the insured vehicle?..... Repairer's name, address and telephone number..... Is the vehicle at the repairer's premises?..... If not when will it be taken in? (In all cases where your vehicle is damaged and you are entitled to claim under the policy, please send at once to the Company an estimate for repairs.)		
DRIVER	NOTE: These questions should be answered whether or not the insured was driving Name..... Date of Birth..... Address..... Occupation..... If so, how long employed as a motor driver?..... Was he driving with your permission? YES/NO Has he any conviction for any offence in connection with any motor vehicle? YES/NO If so, give details including dates..... Has he been refused motor vehicle insurance or continuance thereof? YES/NO Is he entitled to claim for this accident under another Policy? YES/NO Licence Was he licenced to drive vehicle? YES/NO Was the licence FULL/PROVISIONAL? If FULL, state (a) date when a FULL licence first issued..... (b) where issued.....		
ACCIDENT	Date..... Time..... p.m a.m Place..... Weather..... Visibility.....		

	What lamps were lit on the vehicle?.....
	Speed: (a) before the accident.....m.p.h.
	(b) at the moment of the accident.....m.p.h.
	(c) Distance from near side?.....feet

ACCIDENT
(CONTINUED)

ROUGH PLAN OF ACCIDENT

(Please show (a) name and Approximate widths of roads and (b) tracks of vehicle)

State fully what happened.....
.....
.....
.....

Was the Insured in or on the vehicle? YES/NO*

State names and addresses of all

(a) Passengers.....
.....

(b) Independent Witnesses.....
.....

Were particulars taken by a policeman? YES/NO* If so give name of Police Station.....

**THIRD
PARTIES**

(a) What damage was caused to
other vehicles?
Give details of owners.

(b) What damage was caused to
property other
than vehicles?
Give details of owners

(c) Give details of any person
injured

Name and Address	Injury/Damage
.....
.....
.....

Did other vehicle driver disclose his insurance? YES/NO If so, give name of Company.....

If any person removed to hospital, state name of Hospital.....

Is there any other policy covering any of the damage caused?.....

CLAIMS

Has any claim been made upon you? YES/No* (any communication that you receive about the
accident should not be answered but sent to the Company immediately)

I DECLARE that these particulars are true and complete.

Date..... signature of Insured.....
Please delete as appropriate