

## MOTOR ACCIDENT REPORT FORM

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### A INSURED

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Nos. (W) \_\_\_\_\_ (H) \_\_\_\_\_ (M) \_\_\_\_\_

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### B POLICY INFORMATION

Type of Policy \_\_\_\_\_ Certificate No. \_\_\_\_\_  
Policy Expiry Date \_\_\_\_\_ Sum Insured \_\_\_\_\_  
Excess \_\_\_\_\_

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### C INSURED'S VEHICLE

Regn. Letters & Nos. \_\_\_\_\_  
Make and type \_\_\_\_\_ If goods carrying vehicle,  
State nature of goods carried \_\_\_\_\_  
Is any finance company interested in the vehicle? \_\_\_\_\_ Was the vehicle being  
Used for hire or reward? \_\_\_\_\_  
If so, give name \_\_\_\_\_ Repairer's name \_\_\_\_\_  
And address \_\_\_\_\_ Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
State the exact purpose for which the vehicle was being used at  
the time of accident \_\_\_\_\_ Where is the Vehicle now? \_\_\_\_\_  
Where can it be inspected? \_\_\_\_\_  
Extent of Damage \_\_\_\_\_  
Estimated cost of repairs \_\_\_\_\_

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**D DRIVER OF INSURED'S VEHICLE**

Name \_\_\_\_\_ Give details of any physical infirmity or disease \_\_\_\_\_

Address \_\_\_\_\_

Telephone Nos. \_\_\_\_\_ Are proceedings pending for a motoring offence? \_\_\_\_\_  
Work \_\_\_\_\_

Home \_\_\_\_\_

Mobile \_\_\_\_\_ Particulars of previous convictions? \_\_\_\_\_

Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_

State whether \_\_\_\_\_

i) owner of vehicle \_\_\_\_\_

ii) owner's paid driver \_\_\_\_\_

iii) person driving on insured's order or consent \_\_\_\_\_

iv) such person owns a car \_\_\_\_\_

If so, give name of Insurers \_\_\_\_\_

Has notice of accident been given to them? \_\_\_\_\_ Date of expiry of conviction \_\_\_\_\_

Type of licence \_\_\_\_\_ Licence No. \_\_\_\_\_

Inception date of licence \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

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**E WITNESSES****Independent**

(1) Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

(2) Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

**Passengers****State whether carried in Insured's/T.P.'s Vehicle**

(1) Name \_\_\_\_\_ Address \_\_\_\_\_ INS/TP \_\_\_\_\_

(2) Name \_\_\_\_\_ Address \_\_\_\_\_ INS/TP \_\_\_\_\_

(3) Name \_\_\_\_\_ Address \_\_\_\_\_ INS/TP \_\_\_\_\_

(4) Name \_\_\_\_\_ Address \_\_\_\_\_ INS/TP \_\_\_\_\_

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**F THE ACCIDENT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

To which police station was the accident reported? \_\_\_\_\_  
Name and badge no. of Police officer \_\_\_\_\_

Did the police officer go to the scene? \_\_\_\_\_ Were measurements taken? \_\_\_\_\_

Was either party warned for prosecution? (If so, whom) \_\_\_\_\_

Condition of road? \_\_\_\_\_ Weather Conditions \_\_\_\_\_

Type of Surface? \_\_\_\_\_

What was your speed (a) before accident \_\_\_\_\_ (b) at the time of the accident \_\_\_\_\_

Were your lights on? (Dim or bright) \_\_\_\_\_ Did you give any warning or signal? \_\_\_\_\_

Who in your opinion is at fault? \_\_\_\_\_

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**G THIRD PARTY (VEHICLES)**

Particulars of other vehicle (s) involved in the accident

(1) Name of Owner (s) \_\_\_\_\_ Driver \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Insurer \_\_\_\_\_ Registration No. \_\_\_\_\_

(2) Name of Owner (s) \_\_\_\_\_ Driver \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Insurer \_\_\_\_\_ Registration No. \_\_\_\_\_

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**H INJURIES**

**(a) In your vehicle**

(1) Name \_\_\_\_\_ Address \_\_\_\_\_

Nature of injury \_\_\_\_\_ Where Treated \_\_\_\_\_

(2) Name \_\_\_\_\_ Address \_\_\_\_\_

Nature of injury \_\_\_\_\_ Where Treated \_\_\_\_\_

**(b) In T.P. Vehicle/pedestrian/cyclist**

(1) Name \_\_\_\_\_ Address \_\_\_\_\_

Nature of injury \_\_\_\_\_ Where Treated \_\_\_\_\_

(2) Name \_\_\_\_\_ Address \_\_\_\_\_

Nature of injury \_\_\_\_\_ Where Treated \_\_\_\_\_

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**I OTHER PROPERTY DAMAGE**

(1) Name of property owner \_\_\_\_\_ Address \_\_\_\_\_

Details of Damage \_\_\_\_\_

I/We hereby declare that the information given on this form is true to the best of my/our knowledge and belief.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_

Signature of Driver \_\_\_\_\_

**EXPLANATORY SKETCH  
(PLEASE COMPLETE STATEMENT ON OVERLEAF)**





