

# MOTOR ACCIDENT REPORT FORM

## **IMPORTANT:**

1. We wish to Process Your Claim as Quickly as Possible. Therefore ensure:
  - a) All questions are fully answered
  - b) All documents are enclosed
  - c) A copy of the drivers licence must accompany this form
2. No liability under the Policy is admitted by Issue of this form
3. Neither Owner nor driver must admit fault or liability for this Accident
4. Do not answer communication about this Accident, but send them to Us for consideration
5. Repairs must not be authorised without Our prior authority.

### **POLICYHOLDER**

Full Name ..... Policy Number .....  
 Address..... Postcode.....  
 E-Mail Address..... Phone No. ....  
 Fax Number ..... Other Contacts .....  
 Business/Occupation.....

### **DRIVER OR PERSON LAST IN CHARGE IF UNATTENDED**

Name ..... Occupation ..... Date of birth.....  
 Address..... Tel/Cell 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 Vehicles?.....  
 Was he in any way to blame for the accident?.....Did he admit liability?.....  
 Give details of all accidents or losses in the last three years.....  
 Give details of all Motoring Convictions or Prosecutions Pending (i.e. charge, date, penalty).....  
 Give details of any physical defect, infirmity, defective vision or hearing .....  
**Does she/he hold a full or provisional licence to drive this vehicle?**.....  
**Driver's License No.**.....

### **VEHICLE**

Make & Model.....CC..... Year of Manufacturers.....  
 Reg. No. of vehicle.....Type of Body.....  
 Reg. No. of trailer ..... Carrying capacity.....  
 Name and Address of Owner.....  
 If the Vehicle is under a Finance, Rental or Leasing Agreement Please give details.....

### **USE**

For what Purpose was the Vehicle being used?.....  
 Number of Passengers.....

### **COMMERCIAL VEHICLE**

Description of goods being carried..... was a trailer attached .....  
 Name of Owner of goods.....  
 Weight of load on (a) Vehicle ..... (b) Trailer(s) .....

## **DESCRIPTION OF ACCIDENT**

Date of Accident.....Time of Incident A.M/P.M.....  
Place of incident..... Type of road surface .....  
Visibility: Wet or Dry?..... What lights were showing in your vehicle?.....  
What warning did you/your driver give? .....  
Estimated speed before the accident speed .....Weather conditions.....  
Did the Police take particulars?.....If so, give Policewoman/man's number and station.....  
.....  
To which Police Station was the accident reported? ..... **Attached** copy Notice of Intended Prosecution, if any

## **PLAN OF ACCIDENT**

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

## **STATEMENT OF DRIVER**

Signature of Driver.....

## **STATEMENT BY OWNER OR POLICYHOLDER**

## **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)  
Repair's name and address.....  
..... Te/Celll. No.....  
is the vehicle still in use?.....When and where can it be inspected.....

## **OTHER VEHICLE(S) AND PROPERTY DAMAGES**

| Name and address of Owner | Reg. No. | Name of Insurer | Certificate/Sticker No. | Name of Driver |
|---------------------------|----------|-----------------|-------------------------|----------------|
| .....                     | .....    | .....           | .....                   | .....          |
| .....                     | .....    | .....           | .....                   | .....          |
| .....                     | .....    | .....           | .....                   | .....          |
| .....                     | .....    | .....           | .....                   | .....          |

Other Property Damaged:

**PERSONS INJURED**

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

**INDEPENDENT WITNESS**

| Name  | Address and Tel/Cell Number(s) |
|-------|--------------------------------|
| ..... | .....                          |
| ..... | .....                          |

**PASSENGER(S) IN YOUR VEHICLE**

| Name  | Address and Tel/Cell Number(s) |
|-------|--------------------------------|
| ..... | .....                          |
| ..... | .....                          |
| ..... | .....                          |

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

**Date.....Signature of Policyholder.....**