

Turn Over

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MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

CL/MV/029

1. No Liability is admitted by issue of this Form.

Insurers Claim No:

Brokers Ref. No.:

Neither owner nor driver may admit fault or Liability for this Accident.
Do not answer communications about this Accident.
 Direct, these to the Insurance Company for Action.

All questions on this form must be answered.

5. Repairs must not be authorised without prior authority of

the Insurance Con	inpany.					
INSURED	Name	Tel.No				
	Address					
2	Business/Occupation					
POLICY	Number	Expiry date				
	Name of hire purchase or finance company					
VEHICLE	Make & Model	HP/CC				
	Reg. No. of vehicle	Carrying capacity				
	Reg. No. of trailer	Carrying capacity				
	Name and Address of Ov	vner				
USE	State the exact purpose for which the vehicle was being used at the time of the accident					
COMMENCY						
COMMERCIAL VEHICLES	Description of goods being carried					
	Name of owner of goods Was a trailer attached?					
	weight of load on (a) ver	nicle(b) Trailer(S)				
DRIVER		Occupation Date of birth				
	Address	The second secon				
		Tel. No				
	Is he employed by you?	How long has he been in your service?				
	Was he driving with your permission?How long has be been driving motor vehicles?					
	Was he in any way to blame for the accident? Did he admit liability?					
	Has he had any previous	accidents?If so, how many, and approximate date?				
	Has he any conviction for any offence in connection with any motor vehicle or any charges pending?					
	If so, details including da	ates				
	Does he hold a full or provisional licence to drive this vehicle?					
	If full, state date when driving test first passed Number					
	Does he own a Motor Ve	hicle?if so, give name and address of Insurer				
		Driver's Policy No.				
ACCIDENT	Date	Time a.m./p.m.Place				
	Type of Pood curfoce					
	What lights were showing on your Vehicle?					
	what warning did your driver give:					
	Estimate speed before ac	ccident Weather conditions				
	Did Police take particula	rs?If so, give Constable's number and station				
St.	To which Police Station	was the accident reported?ntended prosecution if any.				

PLAN OF ACCIDENT	Draw sketch (stating appr concerned and the directi	on in which i	they w	ere travelling. Also sho	w type and position of traff	
	signs, skid marks, pedestr	ain crossings	and a	ny other relevant inform	nation.	
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STATEMENT BY						
DRIVER	1			350 _A .		
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STATEMENT						
BY OWNER OR INSURED		56				
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DAMAGE TO INSURED	State briefly apparent dam	200				
VEHICLE	State offerty apparent dam	age				
	(In all cases where your ve	hicle is dama	iged a	nd you are entitled to cla	aim under your policy.	
	(In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the Company an estimate for repairs).					
	Repairer's name and addre	22	100		3-	
	respenses a name and addre					
		Tel. No.				
	Is the vehicle still in use?					
	is the vehicle still in use:	when and where can it be inspected?				
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		1		* 1		
THER	Name and address of owner	Reg.No.		Name of Insurer	other property damaged	
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ROPERTY	2				e: e	
AMAGED	No.			, , , , , , , , , , , , , , , , , , ,		
	Name and address of driver:	<u>12</u> 6			s y e	
ERSONS	N	Relationship		If Driver or Passenger		
NJURED	Name and address	to the Ins	ured	Reg.No. of vehicle	Apparent injuries	
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NDEPENDENT VITNESSES	Name			Address		
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ASSENGERS	Nama	umo				
YOUR	Name		Address			
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	(and unanswered) any corre	spondence re	elatino	to this accident	o forward immediately	
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	Date			Signature of Insured		