

MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED

- (1) No liability under the policy is admitted by issue of this form.
- (2) Neither owner nor driver must admit fault or liability.
- (3) Do not answer communication about this accident, but send them to the insurers for consideration.
- (4) Repairs must not be authorized without prior authority of the Insurers.

POLICY HOLDER	Name: _____ Telephone: _____ Address: _____ Business/Occupation: _____
POLICY	Number _____ Expiry Date _____ Name of Hire purchase or Finance Company _____
VEHICLE	Make & Model: _____ HP/CC: _____ Year of Manufacture: _____ Reg. No of Vehicle: _____ Carrying Capacity: _____ Reg. No of Trailer: _____ Carrying Capacity: _____ Attach a copy of the Logbook and Driving Licence
USE	State the exact purpose for which the vehicle was being used at the time of the accident: _____ _____
COMMERCIAL VEHICLES	Description of goods being carried: _____ Name of owner of goods _____ Was trailer attached _____ Weight of load on (a) _____ vehicle (b) Trailer's _____
DRIVER	Name: _____ Occupation: _____ Date of Birth: _____ Address: _____ Tel 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 anyway to blame for the accident? _____ Did he admit liability? _____ Has he had any previous accident? If so, how many, and approximate date(s) _____ Has he any conviction for any offence in connection with any motor vehicle of any charges pending? _____ If so, give details including dates: _____ Does he hold a full or provisional licence to drive the vehicle? _____ If full, state exact date, driving test first passed: _____ Licence No.: _____ Does he own a motor vehicle? _____ If so give name and address of Insurer Driver's Policy No.: _____
ACCIDENT	Date: _____ Time: _____ AM/PM: _____ Place: _____ Type of road surface: _____ Visibility: _____ Wet or Dry? _____ What lights were showing on your vehicle? _____ What warning did your driver give? _____ Estimated speed before accident: _____ Weather Conditions: _____ Did Police take particulars? _____ If so, give Constable's No. and Station _____ To which police station was the accident reported? _____ Attach copy of Notice of Intended Prosecution if any.

PLAN OF ACCIDENT	Draw sketch (stating measurements) showing position of vehicles and persons concerned and the direction in which they were traveling. Also show type and position of traffic signs, skid marks, pedestrian crossings and other relevant information. (Use page provided).																							
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) Repairer's name and address: _____ _____ Tel No: _____ Is vehicle still in use? _____ When and where can it be inspected? _____																							
OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">Name and address of owner</th> <th style="width:10%;">Reg. No.</th> <th style="width:25%;">Name of Insurer</th> <th style="width:20%;">Other Property Damaged</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name and address of owner	Reg. No.	Name of Insurer	Other Property Damaged																
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I declare that these particulars are true and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

DATE: _____ **SIGNATURE OF POLICYHOLDER:** _____

Sketch

This part MUST be filled by the **insured**, the **driver** and any witness listed in the claim form. Reproduce this part where necessary.

STATEMENT FORM	
NAME:	ID NO:
POSTAL CONTACTS:	TEL. CONTACTS:
CELL NO:	EMAIL:
DATE OF ACCIDENT:	DATE RECORDED:
PLACE:	TIME:
CLASS OF PERSON: (Insured, Driver, Witness)	

Declaration: I declare the foregoing particulars to be a true account of the accident herein.

SIGNATURE DATE:.....