

MOTOR ACCIDENT REPORT FORM

NOTE:

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM. ANY COMMUNICATION RECEIVED ABOUT ACCIDENT MUST BE SENT TO THE COMPANY AT ONCE. PLEASE DO NOT ADMIT LIABILITY FOR THE ACCIDENT UNTIL YOU HAVE CONSULTED THE COMPANY. REPORT ANY POLICE ACTION AGAINST YOU OR YOUR DRIVER TO THE COMPANY IMMEDIATELY.

1. Name : Policy No.:

2. Address : Tel. No.:

3. Motor vehicle

(A) Make : CC :

(B) Registration No. :

(C) For what purpose was the vehicle being used :

(D) Did the insured give consent to driver of the vehicle :

4. Give details of person driving or had charge of your vehicle at the time of the accident and attach copy of Drivers Licence.

(A) Name:

(B) License type(attach copy):

5. Please give the following details about the accident :-

(A) When did it happen ? Time : : : Date :

(B) Where did it happen ?

(C) If it happened after lighting – up time, which lamps on your vehicle were lit ?

6. Do you think that :-

(i) You or your driver was to blame :

(ii) Some other person was to blame :

(iii) If (ii) is yes, give name, address and occupation of person/institution :

7. Please give description of how the accident happened :

8. (A) What is the damage to your vehicle?

(B) Where can the vehicle be seen?

(C) Name and address of nearest repairers :

(Please if you have obtained an estimate to the cost of the repairs, please attached it)

