

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.:

Email:

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): Date issue:

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)

9. Name and address of persons injured and the extent of their injuries :

10. State details of other vehicle involved.

(A) Registration No./ Model :

Make :

(B) State name and address of driver of vehicle :

(C) State name and address of the owner and insurer of this vehicle :

11. Did the Police?

(i) Witness the accident : **Yes/No**

(ii) Take any evidence or particulars? **Yes/No**

12. Please state witnesses if any.

(i)

(ii)

13. (A) Name and contact of Police Officer investigating the accident :

(B) Police Station :

14. Do you hold more than one policy indemnifying you in respect of the accident : **Yes/ No**

I/We declare that the above statement is true in all respects to the best of My/Our knowledge and belief and I/We hereby leave in the hands of the company in accordance with the conditions of the policy the conduct of claims and litigation arising out of this accident and to which the policy applies, to deal with, to prosecute and/or settle as they think fit without further references to Me/Us and I/We undertake to give all such information and assistance as the company may require.

Driver's Signature :

Insured's Signature :

Date :

D	D	M	M	Y	Y	Y	Y
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