

MOTOR ACCIDENT REPORT FORM

CLAIM No.....

Name of Insured
 Address:.....
 Occupation Telephone
 Policy No Where Issued
 Have you paid last premium If yes, to Whom

INSURED VEHICLE CONCERNED IN THE ACCIDENT

Make	H.P. Or C.C.	Registered letters and numbers	What category of licence?	For what purpose was vehicle being used?

If claim is under a motor Traders Policy, give Name and Address of Owner of vehicle

Does Insured own more than one Vehicle?..... If so, how many were in use on day of accident?.....

Is vehicle (a) Owned by Insured?..... (b) Registered in your Name?.....

(c) Cover provided?.....

If vehicle is not owned by Insured, state name and address of:

(a) Owner

(b) Insurer

DRIVER

Name of person driving at the time of accident Age

Address

Does he / she hold a licence?..... What is its category?..... When does it Expire?.....

Has he / she been convicted of a motoring offence?.....

How long has he / she been driving (a) this type of vehicle..... (b) any other type of vehicle?.....

State whether the person driving at the time of the accident is:

(a) The Owner..... (b) His Employee..... or (c) Relative or Friend?.....

If employee how long has he / she in the employment?.....

If Owner was not driving state whether the person driving at the time of accident owns a vehicle himself

If so, state Name and address of Insurers

CIRCUMSTANCES

Date Time am / pm.....

Was vehicle in use with Insured's permission or authority?.....

Exact location of Incident

Road and Weather conditions

Estimated speed of Insured vehicle..... m.p.h..... Was horn sounded other warning given?.....

Full description of accident (please continue on a separate sheet if necessary)

One square equals one yard (3 feet)

SKETCH- Please show position of vehicles and persons concerned at the time of accident, indicate by arrow the directions in which they were travelling

Example	
Direction	
Front	
Vehicle	
Rear	

WITNESSES

Give names and addresses of all witnesses

Passengers in
Insured's vehicle



Other Witnesses



Employees



Names and Address of conductors, apprentices and employees in vehicle

If no names of witnesses taken, please state reason _____

Did a Police Official witness accident or take particulars? _____ Official's No. _____

If not, to which Police or other Authority has accident been reported? _____

DAMAGE TO INSURED VEHICLE

State full details of damage _____

Where can the vehicle be inspected? _____

Estimated cost of repair _____

Repairer's Name, Address, and Telephone No. _____

WHERE THE POLICY PROVIDES INSURANCE FOR DAMAGE TO THE VEHICLE, A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE, BUT THE REPAIRS SHOULD NOT BE CARRIED OUT WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY

THIRD PARTIES INVOLVED IN THE ACCIDENT

State names and addresses of any passengers and / or other persons sustaining injury and give nature of injury and stating exactly where they were at the time of the accident

Give the names and address of Owner and registered number of any vehicle concerned _____

Give particulars of any damage sustained by such vehicle, or any property not belonging to yourself _____

If notice or Third party claim has been given, verbally or in writing give particulars _____

Where can the vehicle be inspected? _____

IF ANY WRITTEN COMMUNICATION IS RECEIVED, PLEASE FORWARD IT IMMEDIATELY UNANSWERED

I declare the foregoing particulars to be true in every respect, and I hereby leave in the hands of the Company in accordance with the Conditions of the policy the conduct of all 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 reference to me; and I undertake to give all such information and assistance as the Company may require.