



MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

- 1. No liability under the policy is admitted by Issue of this form
2. Neither Owner nor driver must admit fault or liability for this Accident
3. Do not answer communication about this Accident, but send them to the Insurers for consideration
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the Insurers.

Insurers Claim No.

Brokers Ref. No.

Form sections: POLICY HOLDER (Name, Address, Business/Occupation, Tel. No.), POLICY (Number, Expiry date, Name of hire purchase or finance company), VEHICLE (Make & Model, HP/CC, Year of Manufacturers, Reg. No. of vehicle, Carrying capacity, Reg. No. of trailer, Name and Address of Owner), USE (State the exact purpose for which the vehicle was being used at the time of the accident), COMMERCIAL VEHICLE (Description of goods being carried, Name of Owner of goods, was a trailer attached, Weight of load on (a) Vehicle, (b) Trailer(s)), DRIVER (Name, Occupation, Actual 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 any way to blame for the accident?, Did he admit liability?, Has he had any previous accident?, If so, how many, and approximate dates?, Has he any conviction for any offence in connection with any motor vehicle or any charges pending?, If so, give details including dates, 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 Vehicle? If so, give name and name and address of Insurer, Driver's Policy No.)

**ACCIDENT**

Date..... Time a.m/p.m Place.....  
Type of road surface .....Visibility: Wet or Dry?.....  
What lights were showing in your vehicle?.....  
What warning did your driver give?.....  
Estimated speed before.....Whether conditions.....  
Did Police take particulars?.....If so, give Constable's number and station.....

To which Police Station was the accident reported?..... Attach copy Notice of Intended Prosecution if any

**PLAN OF**

Draw sketch (statDC0ing approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs mark, pedestrian crossings and any other relevant information.

**ACCIDENT**

**STATEMENT BY DRIVER**

Signature of Driver.....

**STATEMENT BY OWNER OR POLICYHOLDER**

**DAMAGE TO**

State briefly apparent damage.....

**INSURED**

.....

**VEHICLE**

(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)

Repair's name and address.....

..... Tel. No..... is the vehicle still in

use?.....When and where can it be

inspected.....

**OTHER VEHICLES**

Name and address of Owner	Reg. No.	Name of Insurer	Other property damaged
.....	.....	.....	.....
.....	.....	.....	.....

**AND PROPERTY DAMEGED**

Name and address of driver:

**PERSONS INJURED**

Name and address	Relationship to the Policyholder	If Driver or Passenger Reg. No. of Vehicle	Apparent injuries
.....	.....	.....	.....
.....	.....	.....	.....

**INDEPENDENT WITNESSES**

Name	Address
.....	.....
.....	.....

**PASSENGERS IN YOUR VEHICLE**

Name	Address
.....	.....
.....	.....

I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Date.....Signature of Policyholder.....