

Accident Report Form
Motor Insurance
Third Party Involved



PLEASE ANSWER EVERY QUESTION HERE AND OVERLEAF AND THUS AVOID DELAY IN THE SETTLEMENT OF YOUR CLAIM

A. INSURED

- 1. Policy Number
- 2. Name in full
- 3. Private Address
- 4. Business Address
- 5. Telephone Number Private Business
- 6. Occupation
- 7. State dates and cost for any previous accident sustained during the past three years
- 8. Has any Insurer refused any application for Insurance by you during the past three years?

B. VEHICLE CONCERNED

- 1. Registration Number
- 2. Make and Type of body
- 3. Who is the owner?
- 4. Is any finance company interested in the vehicle? (if so, give name and address)
- 5. For what purpose was the vehicle being used? (if business use, state exact nature of business)
- 6. Number of passengers being carried
- 7. Were they being carried for reward?
- 8. Were any of them injured?
- 9. Were goods being carried for reward?
- 10. Did you have any other vehicles in use at the same time? If so, give registration numbers
- 11. Number of trailers attached to vehicles
- 12. Weight of load (a) on vehicle n trailers
- 13. For Motorcycles only Was a pillion passenger being carried? Was a sidecar attached?



C. PERSON DRIVING AT TIME OF ACCIDENT

- 1. Name in full
- 2. Address
- 3. Occupation
- 4. Driving Licence No. date and place of issue
- 5. Has Driving Licence been endorsed? If so, state dates and brief details
- 6. Date of Birth
- 7. Is he in Insured's service? If so, how long employed?
- 8. Was he driving with the insured's permission?
- 9. Was the driver sober?
- 10. Has he ever been convicted of any offence in the driving of a motor vehicle? If so, please give details
- 11. Does he own a car?
- 12. Is it insured? If so, with whom?
- 13. Has he ever been refused motor vehicle insurance or the continuance thereof? If so, please give details

D. DATE AND TIME OF ACCIDENT

- 1. Date and time of accident 20..... m.....a.m./p.
- 2. Place of accident

E. DAMAGE TO INSURED'S VEHICLE

- 1. Details of damage
- 2. Where and when can it be seen?
- 3. Repairers' name and address
- 4. Telephone number

N.B. If your vehicle is damaged and you are entitled to claim under the Policy, please send an estimate for repairs to us at once

F. DAMAGE TO OTHER VEHICLES OR PROPERTY

- 1. Name of owner
- 2. Address of owner
- 3. Make and model of vehicle Vehicle Reg. No.
- 4. Nature of damage





G. INJURIES TO PERSONS

Names and addresses of injured persons

(a) Passengers in Insured's vehicle

Nature of injuries

(b) Other Persons

Nature of injuries

If pedestrians or other persons injured, is the Motor Vehicle Act Insurance with the Company? If so, a separate M.V.A. Claim Form must be completed

Has a claim been made against you?

If injured person removed to hospital state name of hospital

Did other party disclose his insurance?

If so, give name of Company

N.B.: IF ANY CLAIM HAS BEEN MADE UPON YOU OR YOU HAVE RECEIVED ANY COMMUNICATION AT ALL, PLEASE INFORM US FULLY THEREOF, AND SEND ON, UNACKNOWLEDGED, ANY LETTER OR OTHER DOCUMENTS YOU HAVE RECEIVED.

H. NAMES AND ADDRESSES OF ALL WITNESSES

(a) Passengers

(b) Independent

I. POLICE WITNESS AND POLICY COVERING DAMAGE

1. Did a policeman witness the accident or take particulars?

2. If so, give his number and police station to which he is attached

3. Is there any other Policy covering damage caused in this accident?

I/We declare the foregoing particulars to be true and correct, and undertake to render the Company every assistance in my/our power in dealing with the matter.

Dated.

Signature



PRIVATE AND CONFIDENTIAL
For consideration by company's attorneys

TO BE COMPLETED BY INSURED OR THE DRIVER OF INSURED'S VEHICLE

1. Speed of vehicle (a) Immediately before accident
(b) at the moment of impact
2. State weather conditions, e.g. fine, wet, misty, etc.
3. (a) Is the road straight? (b) if so, for what distance?
4. State
(a) Width of road (b) Your distance from edge of road?
5. What road signs were at scene of accident, e.g., stop, yield, robot, etc.
6. If after lighting-up time, state
(a) Type of street lighting (b) Were your headlights switched on?
7. (a) What signal, if any, was given by
(i) You
(ii) Other party?
(b) Was horn sounded by
(i) You (ii) Other party?
8. What was the speed limit in operation?.....
9. (a) Were you in the vehicle?..... (b) If not, when was the accident reported to you?.....
10. Who, in your opinion, was to blame and for what reasons?

ROUGH PLAN OF ACCIDENT

PLEASE GIVE STATEMENT OVERLEAF



STATE CAREFULLY WHAT OCCURRED

Lined area for writing the accident report details.

I/We declare the foregoing particulars to be true and correct, and undertake to render the Company every assistance in my/our power in dealing with the matter.

Dated

Signature

