

Witnesses of Accident
It is of the utmost importance always to obtain Names and address of witness

Please state full Names and Addresses of persons who were travelling in the vehicle at time of accident :-
 1
 2
 3

Names and Addresses of **INDEPENDENT** Witnesses. (If none, please state reasons).
 1
 2

Have you reported the Accident to the Police Station? If so, which Police Station
 If a Police Officer Witnesses the Accident give his number

Have you come to any mutual agreement with the other party as a result of the Accident ?
 If not, are the Police taking any action against you or the other party

Damage to Insured's Motor Vehicle

If your Motor Vehicle has been damaged, please give full particulars
 Probable Cost

Please state when and where Motor Vehicle can be examined
 Repairer's Telephone No

If possible an Estimate should accompany this Form but do not delay returning Form if Estimate is not yet obtained.

Names of any other parties concerned in the Accident and details of their claim (if any)

Name Occupation
 Address If a vehicle give Registered No. and Make
 Insurer's Name

Did they make any statement after the accident? If so, what did they say?

Please give full:-
 (a) Of their personal Injuries
 Of damage to their property

Has notice of any claim been given to you?
(Any communication should be forwarded unanswered to the Company at once).

<i>Injuries</i>	Name and Address of Injured	Age	Driver or passenger in own or other vehicle? Relationship to Insured or driver	Nature of Injuries	State hospital and address of doctor consulted
.....
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Rough Plan of accident

Please provide a SKETCH showing by arrows the respective courses of parties involved in accident and indicate position of any nearby pedestrian crossing and/or Traffic signs.

This form has been filled at my request and according to my instruction and has been read over and explained to me by

I/We hereby declare that the above statements and facts are true, and that I/We have not withheld from the Company any information my/our knowledge connected with the Accident.

Driver's Signature Date

Insured Signature Date