



MOTOR VEHICLE ACCIDENT REPORT FORM

CLAIM NO.

The information required in this form is sought in the bona fide belief that litigation may ensue, and for the purpose of the furnishing to the Solicitors of the Company information to enable them to advise us on behalf of the insured in anticipation of litigation. The issue of this Motor Vehicle Accident Report Form does not constitute an admission of liability and is issued without prejudice

Please answer all the questions fully

Policy No. Period of Insurance: From to
Terms of Insurance Excess if any Insured Value

INSURED

Name Occupation
Address Tel No. (H) (M) (B)
Email Address

VEHICLE

Make and Model	H.P	Year of Make	Type of Body	Registration No.

PURPOSE OF USE AT THE TIME OF ACCIDENT

For what purpose was the vehicle being used?
If used for carriage of goods or passengers:-
State 1.) Class of licence held 2.) Usual capacity of the vehicle
3.) Load at the time of accident

DRIVER

Name Date of Birth Licence No.
Address Occupation Date of Issue
Tel No. Licence Status
Have you been involved in any previous accident? Yes No If so, give number and details
Have you been prosecuted for any motoring offences? Yes No If so, give details
Has your licence been endorsed or suspended? Yes No
Do you own a motor vehicle? Yes No If so give Reg No. and insurer
Are you in the Insured's employment? Yes No If so, in what capacity? How long?
If not in the Insured's employment, please state relationship to Insured.

PARTICULARS OF ACCIDENT

ASF POLICE CASE

Date Time AM PM Place
State of weather
What was the width of the road? What was the condition of the road?
Were any traffic lights in operation at accident scene? Yes No If so, were they in your favour?
Was your vehicle on the main road?
What speed was your vehicle traveling at the time of the accident?
Warning signals given by other party
Has the driver been subject to any alcohol or drug test (either blood, urine or breath) in connection with the accident? Yes No
If so above, give details

PARTICULARS OF ACCIDENT

Do you accept responsibility for the accident?.....
Please give full description of accident and events leading up to the accident.....
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WITNESSES

Please state full names and addresses of all witnesses.

1. Passenger in your vehicle..... Phone/Mobile No.....
2. Independent witness..... Phone/Mobile No.....
..... Phone/Mobile No.....

Have you reported the Accident to the Police? Yes No If so, which Police Station?.....
Has a Police Officer witnessed the Accident, if so provide his number.....

DAMAGE TO INSURED'S MOTOR VEHICLE

Details of damage..... Estimate of repairs.....
Please state when and where motor vehicle can be examined.....

THIRD PARTY DAMAGE

1. Name..... Occupation.....
Address.....
2. If a vehicle, give make and Registration No.....
Did you admit liability?.....
Did the other party admit liability?.....
A.) Any injury..... B.) Property.....
Is the other vehicle insured, if so with which company?.....

INJURIES

Name 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 sign

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

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

Driver's Signature..... Date.....

Insured Signature..... Date.....