

# MOTOR ACCIDENT REPORT FORM

IMPORTANT: PLEASE ANSWER EVERY QUESTION – DO NOT LEAVE BLANKS

**CLIENT**

CLIENT'S FULL NAME. .... POLICY NUMBER. ....  
 STREET ADDRESS ..... POLICY PERIOD. ....  
 OCCUPATION ..... PLACE OF EMPLOYMENT ..... TEL. NO. (Home) .....  
 (Business) .....

**VEHICLE**

YEAR ..... MAKE ..... MODEL ..... REGN. NO. .... CHASSIS NO.-(COMMERCIAL VEHICLE)  
 ARE YOU THE REGISTERED OWNER? ..... IS THE VEHICLE SUBJECT TO A FINANCE AGREEMENT? .....  
 IF SO, STATE NAME OF FINANCE CO. ....

**DRIVER OR PERSON IN CHARGE OF INSURED VEHICLE**

NAME ..... STREET ADDRESS ..... BOX NO. ....  
 OCCUPATION ..... PLACE OF EMPLOYMENT ..... DATE OF BIRTH .....  
 LICENCE NO. .... EXPIRY DATE. .... TEL. NO. (Home). .... (Business) .....  
 COUNTRY IN WHICH LICENCE ISSUED ..... FULL OR PROVISIONAL? ..... DATE PASSED TEST.....  
 DOES DRIVER HAVE ANY PHYSICAL DISABILITY? ..... IF SO, WHAT? .....  
 HAS DRIVER HAD ANY ACCIDENTS IN LAST 3 YEARS? .....  
 IF SO, PLEASE GIVE DATES & BRIEF DESCRIPTION OF EACH .....  
 .....  
 .....  
 HAS DRIVER ANY TRAFFIC CONVICTIONS? .....  
 IF SO, PLEASE GIVE DATE & RESULT OF EACH .....  
 .....  
 WAS DRIVER ACTING WITHIN THE SCOPE OF HIS AUTHORITY & WITH YOUR KNOWLEDGE AND CONSENT? YES  NO

**USE OF VEHICLE**

WHAT WAS VEHICLE BEING USED FOR AT THE TIME OF OCCURRENCE. ....  
 WHAT GOODS WERE BEING CARRIED. ....  
 GIVE FULL PARTICULARS OF DAMAGE TO VEHICLE. ....

<b><u>WITNESSES:</u></b>	<b><u>NAME:</u></b>	<b><u>ADDRESS:</u></b>	<b><u>PHONE NO.:</u></b>
<u>PASSENGERS:</u> _____	/	/	/
<u>INDEPENDENT:</u> _____	/	/	/

WAS ACCIDENT REPORTED TO POLICE? ..... IF SO, GIVE NUMBER & NAME OF OFFICER .....

<b><u>INJURIES:</u></b>	<b><u>NAME:</u></b>	<b><u>ADDRESS:</u></b>	<b><u>INJURIES:</u></b>	<b><u>WHICH VEHICLE:</u></b>	<b><u>SEAT BELT:</u></b>
.....	/	/	/	/	/
.....	/	/	/	/	/

**THIRD PARTIES**

<b>MAKE &amp; REGN. NO OF VEHICLE OR DESC. OF PROPERTY</b>	<b>OWNER'S NAME:</b>	<b>ADDRESS &amp; TEL. NO.:</b>	<b>DRIVER'S NAME:</b>	<b>ADDRESS &amp; TEL. NO.</b>	<b>INSURERS:</b>
(1) .....	/	/	/	/	/
(2) .....	/	/	/	/	/
(3) .....	/	/	/	/	/

PARTICULARS OF ACCIDENT

DATE OF ACCIDENT..... TIME..... A.M./P.M.

EXACTLY WHERE DID IT HAPPEN? .....

GIVE ANY ROAD SIGNS. ....

WAS VEHICLE BEING DRIVEN WITH SIDELIGHTS/HEADLIGHTS ON? .....

WHAT WERE THE ROAD AND WEATHER CONDITIONS? .....

WHAT WAS THE SPEED OF THE VEHICLE (a) PRIOR TO ACCIDENT..... M.P.H. (b) ON IMPACT ..... M.P.H.

WAS THE HORN SOUNDED? .....

EXPLAIN EXACTLY WHAT HAPPENED .....

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PLEASE DO A SKETCH SHOWING THE ROAD(S) INVOLVED AND POSITIONS OF THE VEHICLE(S) INVOLVED, BEFORE AND AFTER IMPACT:-

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DECLARATION WHICH MUST BE COMPLETED BY POLICY HOLDER AND DRIVER:-

I/WE HEREBY DECLARE THAT THE ABOVE DETAILS ARE TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I AUTHORIZE THE INSURERS AND/OR THEIR AGENTS TO DEAL WITH THIS MATTER AS THEY THINK FIT.

SIGNATURE OF POLICY HOLDER..... SIGNATURE OF DRIVER .....

DATE.....

ALL COMMUNICATIONS RECEIVED FROM OR ON BEHALF OF ANY CLAIMANT MUST BE FORWARDED IMMEDIATELY UNANSWERED. UNDER NO CIRCUMSTANCES MUST LIABILITY BE ADMITTED.