

MOTOR VEHICLE ACCIDENT/LOSS REPORT

THIS ORIGINAL COMPLETED FORM MUST BE GIVEN TO YOUR INSURER TOGETHER
WITH AN ESTIMATE FOR THE COST OF REPAIRS TO YOUR VEHICLE

AGENCY _____ CLAIM NO.: _____

POLICY NO. _____ APPLICABLE EXCESS _____

THE INSURED

NAME _____ EMAIL ADDRESS _____

OCCUPATION _____ EMPLOYER _____

BUS. ADDRESS _____ PHONE NO. _____

RES. ADDRESS _____ PHONE NO. _____

IS THE INSURED VAT REGISTERED? Yes No VAT REG. NO. _____

PARTICULARS OF INSURED VEHICLE

MAKE AND MODEL _____ CHASSIS NO. _____ ENGINE NO. _____ REGISTRATION NO. _____ SUM INSURED _____

Is the vehicle subject to a Hire Purchase Agreement Bill of Sale Mortgage Other?

If so, state name and address of finance Company _____

IS ANY ANTI-THEFT DEVICE FITTED TO THE VEHICLE? No Yes MAKE _____

THE DRIVER

NAME OF DRIVER _____ SEX Male Female

RELATIONSHIP TO INSURED _____ OCCUPATION _____

EMPLOYER _____

BUS. ADDRESS _____ PHONE NO. _____

RES. ADDRESS _____ PHONE NO. _____

EMAIL ADDRESS _____

DRIVER'S PERMIT NO. _____ ISSUE DATE _____ EXPIRY DATE _____

DATE OF BIRTH _____ CLASS OF VEHICLE LICENSED TO DRIVE _____

Has driver any physical impairment? _____

For what purpose was vehicle used? _____

Has driver been involved in any accident within the past three years? Yes No

Date _____ Vehicle No. _____ Ins. Co. _____

Is the driver insured in his own name in respect of any other motor vehicle? Yes No

If yes, state particulars of Ins. Co. _____ Policy No. _____

THE ACCIDENT

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

LOCATION _____

DIRECTION OF INSURED'S VEHICLE _____ DIRECTION OF OTHER CAR _____ SPEED _____

ROAD SURFACE CONDITION Wet Dry WEATHER CONDITION Rainy Sunny

TO WHICH POLICE STATION WAS THE ACCIDENT/LOSS REPORTED? _____

POLICE OFFICER'S NAME, NO. & RANK? _____

WAS ANTI-THEFT DEVICE IN OPERATION AT THE TIME OF THE LOSS? Yes No

DAMAGE TO YOUR OWN VEHICLE

Details of Damage _____

If vehicle cannot be driven, where is it located? _____

OCCUPANT(S) OF INSURED'S VEHICLE

NAME(S) _____ RESIDENTIAL/BUSINESS ADDRESS _____ PHONE NO. _____

1) _____

2) _____

OCCUPANT(S) OF OTHER VEHICLE

NAME(S) _____ RESIDENTIAL/BUSINESS ADDRESS _____ PHONE NO. _____

1) _____

2) _____

WITNESSES

1) _____

2) _____

THIRD PARTY PROPERTY DAMAGE

OWNER NAME(S) RESIDENTIAL/BUSINESS ADDRESS PHONE NO.

1) _____
2) _____

DRIVER NAME(S) RESIDENTIAL/BUSINESS ADDRESS PHONE NO.

1) _____

DATE OF BIRTH mm/dd/yy OCCUPATION DRIVER'S PERMIT NO. ISSUE DATE mm/dd/yy EXP. DATE mm/dd/yy

2) _____

DATE OF BIRTH mm/dd/yy OCCUPATION DRIVER'S PERMIT NO. ISSUE DATE mm/dd/yy EXP. DATE mm/dd/yy

MAKE & MODEL OF VEHICLE REGISTRATION NO. T/PARTY INSURER COVERAGE/POLICY NO.

1) _____
2) _____

EXTENT OF DAMAGE

1) _____
2) _____

THIRD PARTY BODILY INJURY

NAME AGE RES. ADDRESS PHONE NO.

1) _____
2) _____
3) _____

OCCUPATION EMPLOYER BUS. ADDRESS PHONE NO.

1) _____
2) _____
3) _____

NATURE & EXTENT OF INJURIES ATTENDING PHYSICIAN AND/OR HOSPITAL

1) _____
2) _____
3) _____

SKETCH

SHOW DIRECTIONS AND POSITIONS OF VEHICLES INVOLVED, DESIGNATING CLEARLY POINT OF CONTACT

DESCRIPTION OF ACCIDENT

In your opinion who was at fault? _____ Did such person admit responsibility? _____

I/We declare that the above particulars are true and correct to the best of my/our knowledge and belief.

Date of Report _____ Signature of Driver _____

Signature of Insured _____

PLEASE DO NOT DISCUSS THIS OCCURRENCE WITH ANYONE EXCEPT YOUR MOTOR INSURANCE REPRESENTATIVE