

Motor Vehicle Accident Report Form

THE CLAIMANT

Name of the insured			
Address			
Occupation			
Policy Number		Telephone Nos.	
E-mail Address			
Agency			

PARTICULARS OF DRIVER

Driver's name at the time of occurrence			
Address of driver			
Driver's date of birth			

Is driver *(tick as appropriate)* (a) Owner? (b) Owner's Employee? (c) Owner's relative or friend?

If it was not yourself driving, did you authorise the journey?

If employee was driving how long have you employed him/her?

If friend or relative was driving, does he/she own a vehicle? If so name the insurers.

Does the driver have a full driving licence? If so, state

(a) The Licence Number *(photocopy of licence must be attached)*

(b) Date of Issue

(c) When and where was the driver first licensed to drive?

Has the driver ever been involved in an accident before? If so give brief details and dates.

Has the driver ever been convicted of a driving offence? If so give brief details including dates.

PARTICULARS OF INSURED VEHICLE

Reg. Number	Make & Model	Body Type (e.g. Saloon)	Engine Number	Chassis Number.	Year of Make	For what purpose was the vehicle being used?

If there is a hire purchase or other agreement, explain to whom and how much is outstanding?

DAMAGE TO INSURED VEHICLE

Give full details of damage to the vehicle

Where can the damaged vehicle be seen?	
Have you given instructions for repairs to start?	
Give the vehicle mileage and estimated cost of repairs.	
If tyres were damaged or stolen, in what state were they?	

INJURIES TO OCCUPANTS OF INSURED VEHICLE

Were any injuries sustained by the driver or passengers in your vehicle? If so, give details.

Are any of the injured passengers in your employ? If so give details.

PARTICULARS OF OTHER THIRD PARTY OR OWNER OF PROPERTY INVOLVED IN ACCIDENT

Name	
Address	
If it's a vehicle give the following details:	
(a) Registration Number	
(b) Make and Model	
(c) Name of Insurers	

Give full extent of personal injuries and/or damage to property:

Has notice of claim been given to you?	
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Please send to the Company unanswered any written communication you may have received.

THE ACCIDENT

Give the following details about the accident?	
(a) Date of Occurrence	
(b) Time	
(c) Place	
Which of your lights were on?	
What was your speed just before the accident?	
In your opinion who is to blame for the accident and why?	

Give full details of how the accident or damage occurred: *(attach extra sheets if necessary)*

Please make a rough sketch showing road widths and position of vehicles indicating how far vehicles were from side of road. Indicate with an arrow the direction in which they were. *(sketch on an extra sheet if necessary)*

WITNESSES

Give the names and addresses of your passengers:

Name and addresses of other witnesses:

Were any statements admitting being at fault made by witnesses or drivers at the time? If so, give details?

POLICE REPORTING

To which Police Station was the occurrence reported?	
Give the date and time the occurrence was reported to Police?	
Did a Police Officer take particulars at the scene of Accident? If so give the name of the Police Officer.	

Please attach Police Report if already available

I/We declare that, to the best of my/our knowledge and belief, these statements are true.

Date:..... Signature of Insured.....
