MOTOR ACCIDENT REPORT FORM

Return to:

IMPORTANT: PLEASE ANSWER EVERY QUESTION - DO NOT LEAVE BLANKS

E-mail: Fax:

<u>CLIENT</u>								
Client's Full Name:					Policy Numb	oer:		
Street Address:					Policy Incep	tion:		
Occupation:					Policy Expir	y:		
Place of Employment:					Telephone (Home):		
E-mail Contact:					Telephone (Cell):		
National Insurance #:					Telephone (Work):		
YOUR VEHICLE								
Year: Make:		Model:	S	Serial#:			Plate#:	
Are you the registered o	owner? 🗌 Yes 🗌	No If No, state	owner's name:	:				
Is the vehicle subject to	a finance agreeme	nt Yes 🗌 No	lf Yes, name	finance cor	npany:			
DRIVER OR PERSON	N IN CHARGE O	F INSURED VEF	HICLE					
Name:			P.O. Box:		Telephone (Ho	ome):		
Street Address:					Telephone (Ce	II): [
E-mail Contact:					Telephone (We	ork):		
Occupation:		Place of Employ	vment:				OB:	
National Insurance #:		Licence #:		Licence	Year:	Expiry	Date:	
Does the driver:					L		L	
have any physical disabi		lf so, describe	:					
have any driving convict	tions? Yes	No If Yes, give	dates & details	;:				
Was the driver acting wi								
Has the driver had any a	-	•	- 	-		No No		
				, give dates	& details:			
<u> </u>								
<u> </u>								
USE OF VEHICLE								
What was the vehicle us	ed for at the time o	of the occurrence?						
What goods were being	carried?							
Give full particulars of d	amage to vehicle							
<u>WITNESSES</u> NAM	ЛE:		ADDRESS:				PHONE NUM	BER:
Passengers:								
Independent:								
Was accident reported to	o police? 🔲 Yes	No If so, give	e name & numb	per of office	r			
INJURIES NAME:	AC	DDRESS:	INJURIE	S:				SEAT
						IICLE:		BELT:
THIRD PARTIES								
Make & reg # of vehicle or desc. of property	OWNER'S NAME:	ADDRESS & TEL. NO.:		DRIVER'S IAME:		DRESS & NO.:	!	INSURERS
								L

DADTICULADO OF ACCIDENT

PARTICULARS OF ACCIDENT							
Date of Accident Time CAM. OP.M.							
Exactly where did it happen?							
Give any road signs							
Was any vehicle being driven with sidelights/headlights on?							
What were the road and weather conditions?							
What was the speed of the vehicle (a) prior to the accident (M.P.H.) (b) on impact (M.P.H.)							
Was the horn sounded?							
Explain exactly what happened							

Please do a sketch showing the road(s) involved and positions of the vehicle(s) involved, before and after impact:-

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.