

MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

1. No liability is admitted by issue of this form
2. Neither owner nor driver may admit fault or Liability for this Accident.
3. Do not answer communications about this Accident.
Direct these to the Insurance Company for Action.
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of
the Insurance Company

Insurers Claim No: _____
Brokers Ref. No.: _____

INSURED	Name _____ Tel. No. _____	
	Address _____	
	Business/Occupation _____	
POLICY	Number _____	Expiry date _____
	Name of hire purchase or finance company _____	
VEHICLE	Make & Model _____	HP/CC _____
	Reg. No. of vehicle _____	Carrying capacity _____
	Reg. No. of trailer _____	Carrying Capacity _____
	Name and Address of Owner _____	
USE	State the exact purpose for which the vehicle was being used at the time of the accident _____	

COMMERCIAL VEHICLES	Description of goods being carried _____	
	Name of owner of goods _____	Was a trailer attached? _____
	Weight of load on (a) Vehicle _____	(b) trailer(s) _____
DRIVER	Name _____ Occupation _____ Date of birth _____	
	Address _____	
	Tel.No _____	
	Is he employed by you? _____ How long has he been in your service? _____	
	Was he driving with your permission? _____ How long has he been driving motor vehicles? _____	
	Was he in any way to blame for accident? _____ Did he admit liability? _____	
	Has he had any previous accidents? _____ if so, how many, and approximate date? _____	
	Has he any conviction for any offence in connection with any motor vehicle or any charges pending? _____	
	If, so details including dates _____	
	Does he hold a full or provincial license to drive this vehicle? _____	
	If full, state date when driving test first passed _____ Number _____	
	Does he own a Motor Vehicle? _____ If so, give name and address of Insurer _____	
	Driver's Policy No. _____	
ACCIDENT	Date _____ Time _____ a.m./p.m. Place _____	
	Type of Road surface _____	Visibility _____ Wet or Dry? _____
	What lights were showing on your vehicle? _____	
	What warning did your driver give? _____	
	Estimate speed before accident _____	Weather conditions _____
	Did Police take particulars? _____ If so, give Constable's number and station _____	
	To which Police Station was the accident reported? _____	
	Attach copy Notice of Intended prosecution if any. _____	

Turn Over →

**PLAN OF
ACCIDENT**

Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, speed marks, pedestrian crossing and any other relevant information.

**STATEMENT BY
DRIVER**

Signature of Draw _____

**STATEMENT
BY OWNER
OR INSURED**

**DAMAGE TO
INSURED
VEHICLE**

State briefly apparent damage _____

(In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the Company an estimate for repairs)

Repairer's name and address _____

Tel. No. _____

is the vehicle still in use? _____

When and where can it be inspected? _____

**OTHER
VEHICLES
INVOLVED
AND
PROPERTY
DAMAGED**

Name and address of owner _____

Reg No. _____

Name of Insurer _____

other property damaged _____

Name and address of driver _____

**PERSONS
INJURED**

Name and address _____

Relationship
to the Insured _____

If Driver or Passenger
Reg. No. of vehicle _____

Apparent injuries _____

**INDEPENDENT
WITNESSES**

Name _____

Address _____

**PASSENGERS
IN YOUR
VEHICLE**

Name _____

Address _____

I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Date _____

Signature of Insured _____