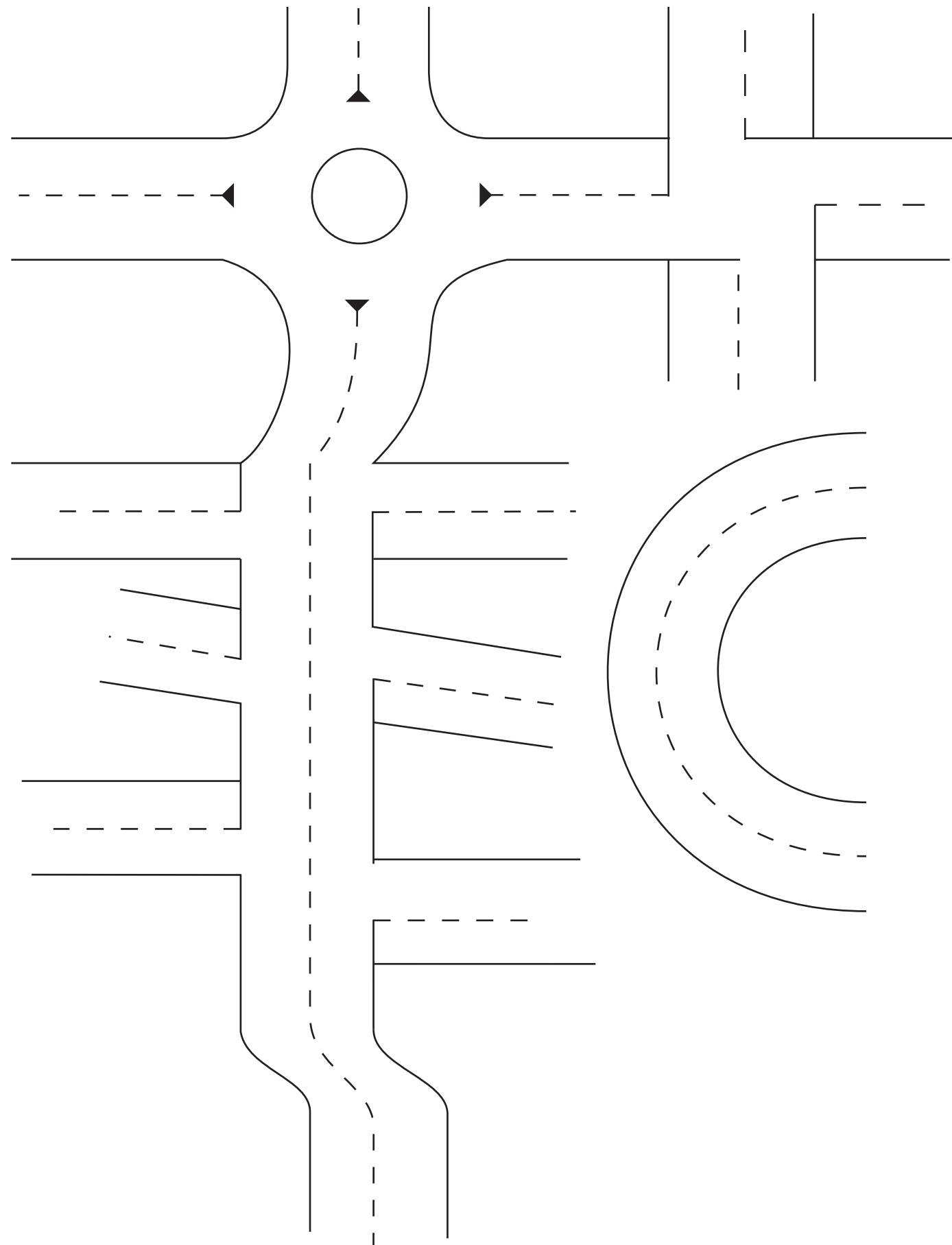


DIAGRAM OF ACCIDENT



GENERAL

MOTOR VEHICLE ACCIDENT REPORT FORM

AGENT/BROKER

Claim No:

1. THE INSURED					
Name:					
Home Address:	Tel. No:				
Business Address:	Tel. No:				
Occupation:	Date of Birth/ID. No:				
2. THE POLICY					
Policy No:	Renewal Date:	Excess applicable: \$			
Coverage:	Insured Value: \$				
Is premium Paid? <input type="checkbox"/> If not, why not?					
3. THE INSURED VEHICLE					
Reg. No:	Year:	C.C.:	Eng. No:		
Make & Model:			Chassis No:		
Is Vehicle:	Left Hand Drive	Van:	Motor Cycle:	Truck:	Special Licence:
Exactly what was the vehicle being used for?					
Name of owner of the vehicle:					
Was the vehicle being used with owner's consent?					
Specify any mortgage/hire purchase, loan or lease agreement on your vehicle:					
How many passengers were being carried?			Were they fare paying?		
If goods were being carried, state:					
a) Owner					
b) Description					
4. THE DRIVER					
Name:					Male or Female:
Home Address:					Tel. No:
Business Address:					Tel. No:
Occupation:					Date of Birth/ID. No:
Is The Driver employed by you? <input type="checkbox"/> Yes <input type="checkbox"/> No					State year licence originally passed:
Driver's Licence No: (Please attach Photocopy)					Date of Issue:
Type of Licence:					Date of Expiry:
What is the relationship of the driver to the policyholder:					
Has the Driver any motoring convictions/offences or licence endorsements/suspensions? (Give details)					
Has the Driver any previous accidents? (Give details)					
Has the Driver ever been refused any type of Insurance?			Had the Driver been drinking alcohol / taking drugs?		
Does the Driver own a vehicle?			Where is it insured?		
Has the Driver any physical infirmity, or defective vision or hearing, or lost a limb or any eye?					
If Yes, what?					

5. THE ACCIDENT OR LOSS		
Date:	Time: Place:	
Did the Police go to the scene?	Were measurements taken?	
Policeman's Name/No.:	Police Station to which reported:	
Was either party warned for prosecution (if so, whom)?		
Was road surface paved on unpaved?		
Condition of road:	Weather Conditions:	
What was your speed a) before accident?	b) at the time of accident:	
Were your lights turned on?	Did you give any warning or signal?	
Whom do you consider responsible for the accident?		
6. DAMAGE TO THE INSURED VEHICLE		
State damage to vehicle: (and indicate on drawing)		
Where can the vehicle be inspected?		
Have you obtained an estimate for repairs?	Is vehicle still in use?	
7. PERSONS CONNECTED WITH ACCIDENT (AND PERSONAL INJURY)		
Name		
Passenger in vehicle		
Address		
Tel. No:		
Date of Birth:		
Nature of injuries		
Where treated:		
Other		
Attorney		
Details of Damage to other Property:		

FOR OFFICE USE

Driver's Licence: Certificate of Insurance: Identification Card: Sent to Database:

ALL COMMUNICATIONS RECEIVED FROM OR ON BEHALF OF ANY CLAIMANT MUST BE FORWARDED TO US IMMEDIATELY

8. OTHER VEHICLE OR PROPERTY CONNECTED WITH THE ACCIDENT			
Particulars	Vehicle 1	Vehicle 2	Vehicle 3
Reg. No:			
Make & Model:			
Name of Owner			
Address:			
Tel. No:			
Name of Insurer			
Driver's Name			
Address:			
Tel. No:			
Name of Insurer:			
Description of Damage:			

STATEMENT (to be completed by Driver)

Give details of accident or loss as it occurred. (In all cases of theft of vehicle please advise Engine No., colour of vehicle, special features and date/time when notified to Police)

I/We hereby declare that the foregoing particulars by me/us are true in every respect:

Driver's Signature _____ I.D. No. _____ Date: _____
 Insured's Signature _____ I.D. No. _____ Date: _____