

# 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.
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1) _____	_____	_____	_____
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2) _____	_____	_____	_____
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DRIVER	NAME(S)	RESIDENTIAL/BUSINESS ADDRESS	PHONE NO.
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1) _____	_____	_____	_____
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DATE OF BIRTH mm/dd/yy	OCCUPATION	DRIVER'S PERMIT NO.	ISSUE DATE mm/dd/yy	EXP. DATE mm/dd/yy
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_____	_____	_____	_____	_____
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2) _____	_____	_____	_____	_____
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DATE OF BIRTH mm/dd/yy	OCCUPATION	DRIVER'S PERMIT NO.	ISSUE DATE mm/dd/yy	EXP. DATE mm/dd/yy
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_____	_____	_____	_____	_____
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MAKE & MODEL OF VEHICLE	REGISTRATION NO. T/PARTY INSURER	COVERAGE/POLICY NO.
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1) _____	_____	_____
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2) _____	_____	_____
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EXTENT OF DAMAGE
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1) _____
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2) _____
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**THIRD PARTY BODILY INJURY**

NAME	AGE	RES. ADDRESS	PHONE NO.
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1) _____	_____	_____	_____
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2) _____	_____	_____	_____
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3) _____	_____	_____	_____
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OCCUPATION	EMPLOYER	BUS. ADDRESS	PHONE NO.
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1) _____	_____	_____	_____
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2) _____	_____	_____	_____
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3) _____	_____	_____	_____
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NATURE & EXTENT OF INJURIES	ATTENDING PHYSICIAN AND/OR HOSPITAL
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1) _____	_____
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2) _____	_____
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3) _____	_____
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**SKETCH**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF ACCIDENT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**