

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 _____
mm/dd/yy mm/dd/yy
 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
 WAS THE INSURED, INSURED DRIVER AND/OR THIRD PARTY DRIVER BREATH TESTED AND/OR CHARGED WITH DRUNK DRIVING?
 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) _____

