



INSURANCE COMPANY:.....

IMPORTANT NOTICE

1. No liability under the policy is admitted by Issue of this form
2. Neither Owner nor driver must admit fault or liability for this Accident
3. Do not answer communication about this Accident, but send them to the Insurers for consideration
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the Insurers.

<u>POLICYHOLDER</u>	NameTel. No..... Business/Occupation.....
<u>POLICY</u>	NumberExpiry date:..... Name of hire purchase or finance company.....
<u>VEHICLE</u>	Make & Model.....HP/CC..... Year of Manufacturers..... Reg. No. of vehicle..... Carrying capacity..... Reg. No. of trailerCarrying capacity..... Name and Address of
<u>USE</u>	State the exact purpose for which the vehicle was being used at the time of the accident.....
<u>COMMERCIAL VEHICLE</u>	Description of goods being carried..... Name of Owner of goods..... was a trailer attached Weight of load on (a) Vehicle (b)
<u>DRIVER</u>	Name Occupation Actual 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 the accident?.....Did he admit liability?..... Has he had any previous accident?.....If so, how many, and approximate dates?..... Has he any conviction for any offence in connection with any motor vehicle or any charges pending?..... If so, give details including dates Does he hold a full or provisional licence 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 name and address of Insurer.....Driver's Policy No.....

ACCIDENT

Date..... Time a.m/p.m Place.....
Type of road surfaceVisibility: Wet or
Dry?..... What lights were showing in your
vehicle?..... What warning did your driver
give?..... Estimated speed
before.....Whether conditions.....

To which Police Station was the accident
reported?..... Attach copy Notice of Intended
Prosecution if any

PLAN OF

Draw sketch (statDC0ing 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 mark, pedestrian crossings and any other relevant information.

ACCIDENT

STATEMENT
BY DRIVER

Signature of Driver.....

STATEMENT
BY OWNER OR
POLICYHOLDER

DAMAGETO

State briefly apparent damage.....

INSURED

.....

VEHICLE

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

Repair's name and address.....

..... Tel. No..... is the vehicle still in

use?.....When and where can it be

inspected.....

OTHER
VEHICLE

Name and address of Owner

Reg. No.

Name of Insurer

Other property damaged

AND
PROPERTY
DAMEGED

Name and address of driver:

PERSONS
INJURED

Name and address

Relationship to
the Policyholder

If Driver or Passenger
Reg. No. of Vehicle

Apparent injuries

INDEPENDENT
WITNESSES

Name

Address

PASSENGERS
INYOUR
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 Policyholder.....