

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..... Email:.....Fax..... Address.....Email address..... Business/Occupation.....
POLICY	Number..... Period of Insurance: Form.....to..... Name of the hire purchase or finance company if any.....
VEHICLE	Make & Modal HP/CC..... Reg. No of vehicle.....Currying 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)Trailers (s).....
DRIVER	Name..... Occupation..... Date of birth..... Address..... Tel. No. Email..... Is he employed by you? How long has he been in your service Was he driving with you 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 accidents? 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 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 ? Estimated speed before accident..... Weather conditions..... Did Police take particulars ? If so, give Constable's number and station..... To which Police Station was the accident / theft reported? Police Reference Number..... Attach copy Notice of Intended prosecution if any.

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, skid marks, pedestrian crossings and any other relevant information.

STATEMENT BY DRIVER

Signature of Driver.....Date.....

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: NoRepair Cost: Shs.....

Is the vehicle still in use?When and where can it be inspected?.....

OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED

Name and address of driver	Reg. No	Name of Insurer	Other property damaged	Action taken against liable party
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PERSONS INJURED

Name and address	Relationship to the Insured	If Driver or Passenger Reg. No. Of vehicle	Apparent injuries
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.....
.....

INDEPENDENT WITNESSES

Name	Address
.....
.....
.....

PASSENGERS IN YOUR VEHICLE

Name	Address
.....
.....

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

Date

Signature of Insured.....

NB. Please attach photocopy of logbook, Driving Permit and two quotations (proforma Invoices)