

Head Office:

Plot 1 Bombo Road | P.O. Box 9393, Kampala, Uganda
 ☎ +256 414 345996 | +256 752 262 119 📞 +256 767 695 190
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MOTOR ACCIDENT REPORT FORM

Important notice and insured details

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

Business / Occupation

POLICY

Policy Number

Period of Insurance: From - To

Name of the hire purchase or finance company if any

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MOTOR ACCIDENT REPORT FORM

Vehicle and commercial vehicle details

VEHICLE

Make & Model

HP / CC

Reg. No. of vehicle

Carrying Capacity

Reg. No. of trailer

Carrying Capacity

Name and Address of Owner

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) Trailer(s)

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Driver details

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 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 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, date driving test first passed

Licence Number

Does he own a Motor Vehicle?

If so, name and address of Insurer

Driver's Policy No.

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MOTOR ACCIDENT REPORT FORM

Accident circumstances and police details

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.

ADDITIONAL ACCIDENT DETAILS

Please provide any additional relevant accident details

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MOTOR ACCIDENT REPORT FORM

Plan of accident

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.

This field may also be used to describe the sketch if completing electronically.

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MOTOR ACCIDENT REPORT FORM

Statements by driver and owner / insured

STATEMENT BY DRIVER

Signature of Driver

Date

STATEMENT BY OWNER OR INSURED

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

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MOTOR ACCIDENT REPORT FORM

Damage, other vehicles and injured persons

DAMAGE TO INSURED VEHICLE

State briefly apparent damage

Repairer's name and address

Tel. No.

Repair 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

PERSONS INJURED

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

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Witnesses, passengers and declaration

INDEPENDENT WITNESSES

Name	Address

PASSENGERS IN YOUR VEHICLE

Name	Address

DECLARATION

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.

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