MOTOR ACCIDENT REPORT

To be completed by the Insured and sent immediately to his Insurers (Use a separate sheet of paper where necessary)

Insured

1 Name _____ Identity card/Passport number _____ Occupation _____

Insured Vehicle

2 Make / Model / Type	C.C.	If commercial vehicle state carrying capacity	Date of first registration as new	Registration mark

3 Are you the Owner? Yes ☐ No ☐ If no, state Owner's name and address

4 Exact purpose for which vehicle was being used at the time of accident

5 Is the vehicle still in use? Yes ☐ No ☐ If no, state where it is at present
Tel: No:-

6 Name and address of Finance Company (if any)

Driver or Person in charge of Vehicle

(If the Insured complete this section as appropiate)

7 Date of Birth	Identity Card/ Passport No.	Occupation	Date Driving test passed	Was he driving with your permission		Was he your employee ?	
				Yes ☐	No ☐	Yes ☐	No ☐

8 Give details of any impairment of sight or hearing and of any other disability

9 Full details of all driving convictions including pending prosecutions

Date	Offence	Penalty

Injured Persons

10 Name(s), Address(es), and approximate Age(s)	Injuries Sustained	If Vehicle Occupants state in which vehicle	Were seat belts/ crash helmets being worn?

Damage to Property & Vehicles

(other than vehicles 'A' & 'B' overleaf)

11 Owner(s) Name(s) and Address(es)	Details of Vehicle or Property	Nature of Damage	Insurer's Name and Address (if known)

Police Action

12 Was the accident reported to the Police? If yes give station and P.C.'s name and number

Yes ☐ No ☐

13 Was warning of prosecution given? If yes, against whom?

Yes ☐ No ☐

Accident Details

14 Weather conditions _____

15 Speed of vehicles A ☐ B ☐

16 What warnings were given by driver or other party ? _____

17 Were street lights illuminated? Yes ☐ No ☐

18 What lights were displayed on your vehicle / other vehicle(s)? _____

19 If your vehicle is commercial state weight of load carried at time of accident _____

20 How many passengers (besides the driver) were being carried at the time of the accident? _____

21 State how accident happened, including width of road, speed limits, etc. _____

22 Who in your opinion is to blame for the accident?

Self ☐ Both ☐ No Comment ☐

Declaration

I/We declare the foregoing particulars are true in every respect

Insured's Signature _____ Date _____