Accident Report Form
Motor Insurance

PRIME INSURANCE COMPANY LIMITED

PLEASE ANSWER EVERY QUESTION HERE AND OVER LEAF AND THUS AVOID DELAY IN THE SETTLEMENT OF YOUR CLAIM

FOR OFFICE ONLY
Inspected by: _____

A INSURED

1 Policy Number — **M** _____
2 Name in full
3 Private Address
4 Business Address
5 Telephone Number
6 Occupation
7 E-mail Address

B VEHICLE CONCERNED

1 Registration Number
2 Make and Type of Body
3 Who is the owner?
4 Is any finance company interested in the Vehicle? If so, give name and address
5 For what purpose was the vehicle being used (if business use state exact nature of business)
6 Number of passengers being carred?
7 Were they being carried for reward?
8 Were any of them injured?
9 Were goods being carried for reward?
10 Had you any other vehicles in use at the same time? If so, give registration numbers
11 Number of trailers attched to vehicle
12 Weight of load
13 For Motor Cycle only — Was a pillion passengers being carried? / Was a side car attached?
(a) On vehicle
(b) On trailers

C PERSON DRIVING AT TIME OF ACCIDENT

1 Name in full
2 Address
3 Occupation
4 Date and place of issue of first driving licence
5 Present driving No. Date and place of issue
6 Date of birth
7 Is he / she in Insured's service. If so, how long employed?
8 Was he / she driving with insured's permission?
9 Was driver sober?
10 Has s/he ever been convicted of any offence in the driving of motor vehicle? If so, please give details.
11 Does s/he own a car?
12 Is it insured? If so, with whom?
13 Has s/he ever been refused motor vehicle insurance or the continuance thereof? If so, please give details

D

1 Date and time of accident
2 Place of accident

_____ 20 _____ a.m / p.m

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

STATE CAREFULLY WHAT OCCURRED

I/We declare the foregoing particulars to be true and correct, and undertake to render the company every assistance in my/our power dealing with the matter

Dated _____ **Signature** _____

PRIVATE AND CONFIDENTIAL

TO BE COMPLETED BY INSURED OR THE DRIVER OF INSURED'S VEHICLE	
1 Speed of (a) Immediately before accident (b) at the moment of impact	(a) _____ (b) _____
2 State weather conditions, e.g. Fine, wet, misty, etc	_____
3 (a) Is the road straight (b) If so, for what distance?	_____ _____
4 State (a) Width of road (b) Your distance from edge of road?	_____ _____
5 What road signs were at scene of accident, e.g., shop yield, robot, etc	_____
6 If after lightining-up time, state (a) Type of street lighting (b) Were your headlights switched on?	_____ _____
7 (a) What signal, if any was given (i) You (ii) Other party (b) Was horn sounded by (i) You (ii) Other party	(i) _____ (ii) _____ (i) _____ (ii) _____
8 What was the spee limit in operation?	_____
9 (a) Were you in the vehicle? (b) If not when was the accident reported to you?	
10 Who in your opinion was to blame and for what reason?	

ROUGH PLAN OF ACCIDENT

PLEASE GIVE STATEMENT OVER LEAF

PTO

E DAMAGE TO INSURED'S VEHICLE

1 Details of damage
2 Where and when can it be seen
3 Repairers name and address
4 Telephone number

N.B. If your vehicle is damaged and you are entitled to claim under the policy, please send an estimate for repairers to us at once.

F DAMAGE TO OTHER VEHICLES FOR PROPERTY

Name and address of owner	**Nature of damage**
NAME _____ **REG No.** _____	
NAME OF INSURERS (If known) _____	

G INJURIES TO PERSONS

Names and addresses of injured persons
(a) Passengers in Insured's vehicle

(b) Other persons

If pedestrians or other persons injured is the Motor Vehicle Act Insurance with the Company? If so, a separate M.V.A Claim Form must be completed

Has the claim been made against you?

If injured person removed to hospital state name of hospital

Did other party disclose his insurance?

If so, give name of compant

N.B.: IF ANY CLAIM HAS BEEN MADE UPON YOU OR YOU HAVE RECEIVED ANY COMMUNICATION AT ALL, PLEASE INFORM US FULLY THEREOF, AND SEND ON, UNACKNOWLEDGED, ANY LETTER OR OTHER DOCUMENTS YOU HAVE RECEIVED

H NAMES AND ADDRESSES OF ALL WITNESSES

(a) Passengers

(b) Independent

1 1 Did a police witness accident or take particulars?
2 If so, give number and police station to which he is attched
3 Is there any other policy covering damage caused in this accident?

I/We declare the foregoing particulars to be true and correct, and undertake to render the Company every assistance in my/our power dealing with the matter.

Dated _____ **signature** _____