



STATE CAREFULLY WHAT OCCURED

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 \_\_\_\_\_

TO BE COMPLETED BY INSURED OR THE DRIVER OF INSURED'S VEHICLE

<p>1. Speed of vehicle (a) Immediately before accident (b) at the moment of impact</p>	<p>(a) _____ (b) _____</p>
<p>2. State weather conditions, e.g. Fine, wet, misty, etc</p>	<p>_____</p>
<p>3. (a) Is the road straight (b) If so, for what distance?</p>	<p>_____ _____</p>
<p>4. State (a) Width of road (B)Your distance from edge of road?</p>	<p>_____ _____</p>
<p>5. What road signs were at scene of accident, e.g.,stop, yield, robot etc</p>	<p>_____</p>
<p>6. If after lighting-up time, state (a) Type of street lighting (b) Were your headlights switched on?</p>	<p>_____ _____</p>
<p>7. (a) What signal, if any, was given by (i) You (ii) Other party (b) Was horn sounded by (i) You (ii) Other party</p>	<p>(i) _____ (ii) _____ (i) _____ (ii) _____</p>
<p>8. What was the speed limit in operation?</p>	<p>_____</p>
<p>9. (a) Were you in the vehicle? (b)If not when was the accident report to you?</p>	<p>_____ _____</p>
<p>10. Who in your opinion was to blame and for what reason?</p>	<p>_____</p>

ROUGH PLAN OF ACCIDENT

**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

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**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 OR 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	Nature of injuries
(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 Company	_____

**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 policeman witness accident or take particulars?
- 2. If so, give his number and police station to which he is attached
- 3. Is there any other Policy covering damage caused in this accident?

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Dated \_\_\_\_\_ Signature \_\_\_\_\_