

Accident Report Form Motor Insurance

Prime Insurance Company Limited

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

A.	INS	URED		· · · · · · · · · · · · · · · · · · ·	FOR OFFICE ONLY
		Policy Number	М		Inspected by:
	2.	Name in full			moposica by.
	3.	Private Address			
	4.	Business Address			
	5.	Telephone Number	Pri	vate Business	
	6.	Occupation	1.10	Vate Business	
В.		HICLE 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 carried?			e.
	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			
В.	11.	Number of trailers attached to vehicle			
		Weight of load	(2)	on vehicle	
	(d. —(d)	Was a pillion passenger being	` '	on trailers	
	13	For Motor carried?	(0)		
		Cycles only Was a side car attached?			
C.	PEF	RSON 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 in Insured's service. If so, how			
	0	long employed?			
	8. 9.	Was he driving with Insured's permission? Was the driver sober?			
	07(0)	Has he ever been convicted of any offence in			
	10.	the driving of motor vehicle? If so, please			
		give details.			
	11.	Does he own a car?			
	12.	Is it insured? If so, with whom?			
		Has he ever been refused motor vehicle			
		insurance or the continuance thereof? If so,			
		please give details			
D	1	Date and time of accident			
		Place of accident			
				20	a.m./p.m.

	STATE CAREFULLY WHAT OCCURED
	× .
I/We declare the foregoing p	articulars to be true and correct, and undertake to render the company every assistance in
my/our power dealing with the matt	ter.
Dated	Signature ————

	TO BE COMPLETED BY INSURED OR	THE DRIVER OF INSURED'S VEHICLE
1.	Speed of vehicle (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.,stop, yield, robot etc	
6.	If after lighting-up time, state (a) Type of street lighting (b) Were your headlights switched on?	
7.	(a) What signal, if any, was given by(i) You (ii) Other party(b) Was horn sounded by(i) You (ii) Other party	(i) (ii)
8.	What was the speed limit in operation?	
9.	(a) Were you in the vehicle?(b) If not when was the accident report to you?	
10.	Who in your opinion was to blame and for what reason?	

ROUGH PLAN OF ACCIDENT

E.	DAMAGE TO INSURED'S VEHICLE 1. Details of damage	
	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 c	im under the policy, please send an estimate for repairers to us at once
₹.	DAMAGE TO OTHER VEHICLES OR PROPERTY	
	Name and address of owner	Nature of damage
	NAMEREG 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 Vehi Act Insurance with the Company? If so, a separate M.V.	
	Form must be completed.	
	Has the claim been made against you?	
	If injured person removed to hospital state name of hospital	al
	Did other party disclose his insurance?	
	If so, give name of Company	
		R YOU HAVE RECEIVED ANY COMMUNICATION AT ALL, PLEASE WLEDGED, ANY LETTER OR OTHER DOCUMENTS YOU HAVE RECEIVE
	NAMES AND ADDRESSES OF ALL WITNESSES	WEEDGED, ANT EETTEN ON OTHER BOGOMENTO TOO HAVE REGENE
	(a) Passengers	
	(b) Independent —	
1.	Did a policeman witness accident or take particulars' If so, give his number and police station to which he Is there any other Policy covering damage caused in accident?	attached nis
		ect, and undertake to render the Company every assistance in

Signature -

Dated -