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

FOR OFFICE ONLY
Inspected by: _____

A. INSURED

1. Policy Number _____
2. Name in full _____
3. Private Address _____
4. Business Address _____
5. Telephone Number Private _____ Business _____
6. Occupation _____
7. Email/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 carried? _____
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 attached to vehicle _____
12. Weight of load (a) on vehicle _____ (b) on trailers _____
13. For Motor Cycles only — Was a pillion / passenger being carried? _____ Was a side car attached? _____

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 in Insured's service. If so, how long employed? _____
8. Was he driving with Insured's permission? _____
9. Was the driver sober? _____
10. Has he ever been convicted of any offence in the driving of motor vehicle? If so, please give details. _____
11. Does he own a car? _____
12. Is it insured? If so, with whom? _____
13. Has he ever been refused motor vehicle insurance or the continuance thereof? If so, please give details _____

D.

1. Date and time of accident _____ a.m./p.m.
2. Place of accident _____

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

MO/3/86

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 OR PROPERTY

Name and address of owner

NAME _____ REG No. _____

NAME OF INSURERS (If known) _____

Nature of damage

G. INJURIES TO PERSONS

Names and addresses of injured persons

(a) Passengers in Insured's vehicle _____

(b) Other persons

Nature of injuries

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?

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 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) _____ (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

PLEASE GIVE STATEMENT OVERLEAF

P.T.O.

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 _____