

IMPORTANT NOTICE

1. No liability under the policy is admitted by Issue of this form
2. Neither Owner nor driver must admit fault or liability for this Accident
3. Do not answer communications about this Accident, but send them to the Insurers for consideration
4. All questions on this form must be answered
5. Repairs must not be authorised without prior authority of the Insurers

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|----------------------------------|--|
| <u>POLICY HOLDER</u> | Name Tel. No. Address Business/Occupation |
| <u>POLICY</u> | Number Expiry date: Name of hire purchase or finance company |
| <u>VEHICLE</u> | Make & Model HP/CC Year of Manufacturers Reg. No. of vehicle Carrying capacity Reg. No. of trailer Carrying capacity Name and Address of Owner |
| <u>USE</u> | State the exact purpose for which the vehicle was being used at the time of accident |
| <u>COMMERCIAL VEHICLE</u> | Description of goods being carried Name of Owner of goods was a trailer attached Weight of load on (a) Vehicle (b) Trailer(s) |
| <u>DRIVER</u> | Name Occupation Actual Date of birth Address Tel: Is he employed by you? How long has he been in your service? Was he driving with your permission? How long has he been driving Motor Vehicles? Was he in any way to blame for the accident? Did he admit liability? Has he had any previous accidents? If so, how many and approximate dates? Has he any conviction for any offence in connection with any motor vehicle or any charges pending? If so, give details including dates Does he hold a full or provisional licence to drive this vehicle? If full, state date when driving test first passed Number Does he own a motor vehicle? If so, give name and address of Insurer Driver's policy No. |
| <u>ACCIDENT</u> | Date Time a.m./p.m. Place Type of road surface Visibility Wet or Dry? What lights were showing on your vehicle? What warning did your driver give? Estimated speed before accident Weather condition Did Police take particulars? If so, give Constable's number and station To which Police Station was the accident reported? Attach copy Notice of Intended Prosecution if any |

PLAN OF ACCIDENT

Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs mark, pedestrian crossings and any other relevant information.

STATEMENT BY DRIVER

Signature of Driver

STATEMENT BY OWNER OR POLICYHOLDER

DAMAGE TO INSURED VEHICLE

State briefly apparent damage
.....
(in all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the Insurers an estimate for repairs)
Repair's name and address
..... Tel. No.
Is the vehicle still in use? When and where can it be inspected?

OTHER VEHICLES AND PROPERTY DAMAGE

| Name and Address of Owner | Reg No. | Name of Insurer | Other property damaged |
|-----------------------------------|---------|-----------------|------------------------|
| | | | |
| Name and address of driver: | | | |

PERSONS INJURED

| Name and Address | Relationship to the Policyholder | If driver or Passenger Reg. No. of Vehicle | Apparent injuries |
|------------------|----------------------------------|---|-------------------|
| | | | |
| | | | |

INDEPENDENT WITNESS

| Name | Address |
|-------|---------|
| | |
| | |

PASSENGERS IN YOUR VEHICLE

| Name | Address |
|-------|---------|
| | |
| | |

I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Date

Signature of Policyholder