



MOTOR ACCIDENT / LOSS REPORT

Please tick (✓) where appropriate	
Own damage claim	<input type="checkbox"/>
For notification only	TPPD <input type="checkbox"/>
	TPBI <input type="checkbox"/>
Theft	<input type="checkbox"/>

For Office Use Only	Date :
Policy No.	<input style="width: 100%;" type="text"/>
Vehicle No.	<input style="width: 100%;" type="text"/>
Signature	<input style="width: 100%;" type="text"/>

"IT IS IMPORTANT that this form is completed fully and returned to the company within 14 days. Send all communications you may receive to us immediately. You are also not to admit that your driver was at fault, or that you are liable for the accident."

SECTION A POLICYHOLDER

1. Name	:	<input style="width: 100%;" type="text"/>	
2. Address (Office)	:	<input style="width: 100%;" type="text"/>	
		<input style="width: 100%;" type="text"/>	
Telephone No. (Office)	:	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	<input style="width: 60%;" type="text"/>
3. Address (House)	:	<input style="width: 100%;" type="text"/>	
		<input style="width: 100%;" type="text"/>	
Telephone No.(Home)	:	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	Hand Phone No : <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>
4. Business/Occupation	:	<input style="width: 100%;" type="text"/>	
5. Policy No.	:	<input style="width: 60%;" type="text"/>	Expiry Date : <input style="width: 40%;" type="text"/>
6. Sum Insured	:	<input style="width: 100%;" type="text"/>	

SECTION B DRIVER OR PERSON IN CHARGE OF INSURED VEHICLE

These questions must be answered whether or not the Policy holder was driving.

1. Name	:	<input style="width: 100%;" type="text"/>	
2. Address (Office)	:	<input style="width: 100%;" type="text"/>	
		<input style="width: 100%;" type="text"/>	
Telephone No. (Office)	:	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	<input style="width: 60%;" type="text"/>
3. Address (House)	:	<input style="width: 100%;" type="text"/>	
		<input style="width: 100%;" type="text"/>	
Telephone No.(Home)	:	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	<input style="width: 60%;" type="text"/>
Relationship with owner	:	<input style="width: 100%;" type="text"/>	
Driver's Occupation	:	<input style="width: 100%;" type="text"/>	
3. Age on date of incident	:	<input style="width: 20%;" type="text"/> Year(s)	
4. a) What kind of licence does he/she hold?	:	Provisional <input type="checkbox"/>	Full <input type="checkbox"/>
b) Driving experience	:	<input style="width: 20%;" type="text"/> Year(s)	

5. a) Has he/she any conviction for any offence in connection with motor vehicles? Yes No

b) If so, give full details including dates _____

6. a) Has he/she been involved in any previous accident? Yes No

b) If so, give full details including dates _____

7. Was he/she driving with your permission? Yes No

8. a) Is he/she employed by you? Yes No

b) If so, how long has he/she been in your service? _____ yrs. _____ months

9. Was he/she in any way to blame for the accident? Yes No

10. Did he/she admit liability? Yes No

SECTION C PARTICULARS OF VEHICLE

1. Make and model : _____

2. Registration details : _____ Capacity : _____ cc

3. Year of make and colour : _____

4. a) Is vehicle subjected to hire purchase? Yes No

b) If yes, please state name of finance company? _____

c) Address of the finance company : _____

5. For what purpose was vehicle being used at time of accident? _____

6. Was a trailer or sidecar attached? Yes No

SECTION D DAMAGE TO INSURED VEHICLE

Question 2 applies only to Policy covering damage to the vehicle.

1. Nature/Cost of damage : _____

2. a) Name and address of nearest proposed repairer : _____

b) Can the vehicle still be driven? Yes No

c) If vehicle is still in use, when and where can it be inspected? _____

SECTION E OCCURRENCE

1. Date : _____ Time : _____ am/pm

2. Full Description of place where accident occurred :

3. Was your vehicle on the main road? Yes No

4. Condition of road Dry Wet Greasy

5. Speed of your vehicle before impact _____ km/hour

6. Was your vehicle on the correct side of the road? Yes No

7. What warning did you/your driver give? _____

8. a) Did the police take particulars or photographs at the location of the accident? Yes No

b) Were you summoned by the police? Yes No

9. Please give detailed description of accident

10. Plan of accident - Draw a sketch showing scene of accident, including names of roads, position of vehicles, measurements, skid marks, pedestrian crossings, road signs, traffic signals, plus any other information which you may consider to be relevant

Before The Accident

After The Accident

SECTION F INDEPENDENT WITNESSES

Names and addresses of Independent witnesses

- 1) _____
- 2) _____
- 3) _____
- 4) _____

SECTION G PASSENGERS IN YOUR VEHICLE

Names and addresses of passengers in your vehicle

- 1) _____
- 2) _____
- 3) _____
- 4) _____

SECTION H OTHER VEHICLES INVOLVED AND/OR PROPERTY DAMAGED

Names and addresses of driver and/or owner	Reg details	Nature of damage	Insurers and policy no.
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

SECTION I PERSONS INJURED

Names and address – state if driver or passenger and in which vehicle, or pedestrian	Nature of injuries	Estimated age	Hospitalised?	
			Yes	No
1) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

SECTION J THIRD PARTY CLAIMS

1. Has any claim been made upon you? Yes No

2. If so, for what amount? _____

3. Has liability been admitted by the other party? Yes No

4. In your opinion, was the other party to blame? Yes No

5. If so, give reason

I declare that these answers and statements are true and correct. In accordance with the Policy Conditions, I will forward immediately any correspondence relating to the occurrence.

Signature of Driver:

Date:

Signature of Insured:

Date: