



SRIC

Ensuring your tomorrow, today.

MOTOR ACCIDENT REPORT FORM



FAILURE TO FULLY ANSWER ALL QUESTIONS MAY PREJUDICE ANY CLAIM

Claim No.

Policy No.

Date Last Premium Paid

DETAILS OF INSURED

Full Name of insured	<input type="text"/>		
Occupation	<input type="text"/>		
Private Address	<input type="text"/>	Tel. No.	<input type="text"/>
Business Address	<input type="text"/>	Tel. No.	<input type="text"/>
Email Address	<input type="text"/>		

DETAILS OF VEHICLE

Make	<input type="text"/>	Registration No.	<input type="text"/>	H.P./CC	<input type="text"/>	Year of Make	<input type="text"/>
Name and Address of owner	<input type="text"/>						<input type="text"/>
If vehicle subject to hire purchase agreement, state name of finance company							
<input type="text"/>							
State fully the purpose for which the vehicle was being used							
<input type="text"/>							
Number of passengers carried	<input type="text"/>	(a) Were they fare paying? or	Yes	<input type="text"/>	No	<input type="text"/>	
	<input type="text"/>	(b) Carried in the course of your business?	Yes	<input type="text"/>	No	<input type="text"/>	
Were any of them injured?	Yes	<input type="text"/>	No	<input type="text"/>	Number of trailers attached to vehicle	<input type="text"/>	
Were goods being carried?	Yes	<input type="text"/>	No	<input type="text"/>			
If so, state (a) Description	<input type="text"/>	(b) Owner	<input type="text"/>				
Weight of load on (a) Vehicle	<input type="text"/>	(b) Trailer(s)	<input type="text"/>				
If other vehicles are owned by policy holder, state how many vehicles were out at the time of the occurrence(s)							
<input type="text"/>							
Additional question for MOTOR CYCLES only							
Was a side car attached	Yes	<input type="text"/>	No	<input type="text"/>	Was a pillion passenger carried?	Yes <input type="text"/> No <input type="text"/>	



DAMAGE TO INSURED VEHICLE

What damage was caused to the insured vehicle?

Repairer's name, address and telephone number

Is the vehicle at the repairer's premises?

If not, when will it be taken in?

Is a radio or any other damaged accessory insured under any other policy?

If so, state name and address of the insurance company and the policy number.

(In all cases where your vehicle is damaged and you are entitled to a claim under the policy, please send at once the Corporation an estimate for repairs so that our engineers may agree the costs of repairs before commencement)

DRIVER

Note: These questions must be answered whether or not the insured was driving.

Full Name of Driver

Date of Birth

Address

Precise Occupation

Is he employed by you?

Yes

No

If so, how long employed as motor vehicle diver?

Otherwise?

Was he driving with your permission?

Yes

No

Precisely for what purpose was he driving?

Has he ever been convicted for any offence in connection with the driving of any motor vehicle?

Yes

No

If so, give details including dates

Has he been refused motor vehicle insurance thereof? If so, give details on back of this form

Yes

No

Has he any motor insurance on a car of his own?

Yes

No

If so, which company?

Has he been involved in previous accident? If so, provide details on back of this form.

Yes

No

Does he suffer from any defective vision, hearing or from any physical infirmity?

Was he licensed to drive this vehicle

Yes

No

Was the licence full or learner?

State a. Date Issued

b. Number

c. Where Issued

d Type (light/heavy/cycle, etc)

Note, the back of this form must be completed
A photocopy of the drivers licence must be attached



DETAILS OF ACCIDENT

Date Time am/pm Date reported to policy holder

Place

Was the insured in or on the vehicle? Yes No

a. Passengers (State why in vehicle)

b. Independent witnesses

Did a policeman or traffic officer attend the scene of the accident? If so, when?

Give name and/or number and where stationed

If not to which stationed accident reported?

DETAILS OF THIRD PARTIES

	NAME AND ADDRESS	INJURY / DAMAGE
a Give details of person(s) killed in vehicle	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Not in vehicle but killed	<input type="text"/>	<input type="text"/>
b. Give details of person(s) on n the vehicle injured NB please describe size and place of wounds, record broken limbs/bones, whether conscious, etc	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Not in vehicle but injured	<input type="text"/>	<input type="text"/>
c What damage was caused to other vehicles? Give details of owners, their drivers and reg No(s) including names addresses.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
d What damage was caused to property other than vehicles? Give details of owners including names and address.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>



DETAILS OF THIRD PARTIES continued

State details of other vehicle(s). give names of company

If any person removed to hospital, state name of hospital and person(s)

Is there any other policy covering any of the damage caused?

DETAILS OF CLAIMS

Has any other claim been made upon you?

Yes

No

(any communication that you receive about the accident should not be answered but sent to the Corporation immediately)

I/WE DECLARE that these particulars are true and complete

Date DD / MM / YYYY

Signature of Driver

(if not insured)

Date DD / MM / YYYY

Signature of Insured

*please delete as appropriate



TO BE COMPLETED BY THE INSURED (OR DRIVER)
STATEMENT FOR SUBMISSION TO CORPORATION'S ATTORNEYS

Weather conditions Visibility

What lamps were light on the vehicle?

How was the road surfaced? i.e. Gravel, Sand, Tar?

Speed: (a) Before the accident k.p.h b) At the moment of the accident k.p.h

Distance from left side of road?

Was warning of approach given?

State fully what happened

if necessary, continue overleaf

ROUGH PLAN OF ACCIDENT

Please show a. names and approximate widths of roads, b. tracks of vehicles and c. road signs and indications

Date

Signature of Driver

if not insured

Signature of Insured