



Reunion Insurance

MOTOR ACCIDENT REPORT FORM

(The issue of this form is not to be taken as an admission of Liability)

1. DETAILS OF INSURED

Full Name.....
Address
Tel/Cell Number (a) Private..... (b) Business.....
Occupation/Profession.....Email address.....

2. PERSON DRIVING AT THE TIME OF THE ACCIDENT

(Please attach copy of your driver's licence to this form)

Full name.....Tel/Cell No.....
Address.....
Occupation..... Driving licence No..... Inspected by.....
Date and place of issue..... Date of original licence.....
Class of licence..... Age..... Is he/she in Insured's service? If so, how long employed?..... Was he/she driving with the insured's permission?.....

3. VEHICLE CONCERNED

Make.....Reg. Number..... HP..... Carrying capacity.....
Who is the owner?..... Year of make.....Is the car subject to hire purchase agreement

4. USE OF VEHICLE

For what purpose was the vehicle used (if business use state exact nature of business).....
Number of passengers being carried.....Were trade goods being carried? YES NO
Number of trailers attached to the vehicle
For motor cycle only: Was a pillion passenger being carried?Was a side car attached

5. PARTICULARS OF THE ACCIDENT

Date of accident Time:..... am Pm
Place of accident.....
Speed of the vehicle
(a) Immediately before the accident.....
(b) At the moment of impact.....

How far from the edge of the road?..... Was the driver sober.....
Was warning of approach given?..... Were your lights on?.....
Were you in the vehicle?.....If not, if not when was the accident reported to you.....
Who in your opinion was to blame? (Be impartial to avoid unnecessary litigation).....
What was the weather condition?.....

6. DAMAGE TO INSURED'S VEHICLE

Details of damage.....
Where can it be inspected?

Repair quotations obtained from

(a)..... Tel/Cell No.....
(b)..... Tel/Cell No.....
(c)..... Tel/Cell No.....

7. DAMAGE TO OTHER VEHICLES OR PROPERTY

Name and address of owner..... Make:..... Reg No.

Details of damage.....

Did any other party disclose his/her insurance?.....If so name of Company.....

What is your estimate of repair costs to the other person's property.....

8. INJURIES TO PERSONS

Name	Contact details	Nature of injury
(a).....
(b).....
(c).....

If injured person was moved to hospital, state name of hospital.....

Do you have any reason to believe that a claim will be made against you in respect of injuries to persons or damage to vehicles or other property or do you intend to make such a claim against other parties? If so please give particulars.....

9. NAME AND ADDRESS OF ALL WITNESSES

Passengers

Name:..... Contact details.....

Name:..... Contact details.....

Independent

Name:..... Contact details.....

Name:..... Contact details.....

Police officer who witnessed or took particulars of the accident

Name:..... Contact details.....

Is there any other Policy covering damage caused in this accident?.....

