

MOTOR ACCIDENT REPORT FORM CLAIM No _____

Participant _____
Address _____
Occupation _____ Telephone _____
Policy No _____ Where Issued _____
Have you paid last contribution _____ If yes, to whom _____

PARTICIPANT VEHICLE CONCERNED IN THE ACCIDENT

Maker	H.P.Or C.C.	Registered letters and numbers	What category of license?	For what purpose was vehicle being used?

If claim is under Motor Trade Policy, give Name and Address of Owner of vehicle _____
Does Participant own more than one vehicle? _____ If so, how many were in use on day of accident? _____
Is vehicle (a) Owned by the Participant? _____ (b) Registered in your Name? _____
(c) Cover provided? _____
If vehicle is not owned by the Participant, state name and address of:
(a) Owner _____
(b) Insurer/Takaful _____

DRIVER

Name of person driving at the time of accident _____ Age _____
Address _____
Does he/she holds a license? _____ What category? _____ When does it Expire? _____
Has he/she been convicted of motoring offence? _____
How long has he/she been driving (a) this type of vehicle? _____ (b) Any other type of vehicle? _____
State whether the person driving at the time of the accident is:
(a) The Owner _____ (b) His Employee _____ or (c) Relative or Friend? _____
If employee, how long has he/she in the employment? _____ If
Owner was not driving state whether the person driving at the time of accident owns a vehicle himself
If so, state Name and address of Insurers/Takaful operators _____

CIRCUMSTANCES

Date _____ Time _____ am/pm
Was vehicle in use with Participant's permission or authority? _____
Exact location of Incident _____
Road and Weather conditions _____
Estimated speed of covered vehicle _____ m.p.h. Was horn sounded _____ other warning given? _____
Full description of accident (please continue on a separate sheet if necessary)

One square equals one yard (3 feet)

SKETCH- Please show position of vehicles and persons concerned at the time of accident, indicate by arrow the directions in which they were travelling

Example

Direction

Front

Vehicle

Rear

WITNESSES

Give names and addresses of all witnesses

Passengers in Participant's vehicle { _____

Other Witnesses { _____

Employees { Names and address of conductors, apprentices and employees in vehicle

If no name of witnesses taken, please state reason _____

Did a Police Official witness accident or take particulars? _____ Official's No. _____

If not, to which Police or other Authority has accident been reported? _____

DAMAGE TO PARTICIPANT VEHICLE

State full details of damage _____

Where can the vehicle be inspected? _____

Estimate cost of repair _____

Repairer's Name, Address, and Telephone No. _____

WHERE THE POLICY PROVIDES TAKAFUL FOR DAMAGE TO THE VEHICLE, A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE, BUT THE REPAIRS SHOULD NOT BE CARRIED OUT WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY

THIRD PARTIES INVOLVED IN THE ACCIDENT

State names and addresses of any passenger and/or other persons sustaining injury and give nature of injury and stating exactly where they were at the time of the accident.

Give the names and addresses of Owner and registered number of any vehicle concerned

Give particulars of any damage sustained by such vehicle, or any property not belonging to yourself

If notice or Third party claim has been given verbally or in writing, give particulars _____

Where can the vehicle be inspected? _____

IF ANY WRITTEN COMMUNICATION IS RECEIVED, PLEASE FORWARD IT IMMEDIATELY UNANSWERED

I declare the foregoing particulars to be true in every respect, and I hereby leave in the hands of the Company in accordance with the Conditions of the policy the conduct of all claims and litigation arising out of this accident and to which the policy applies, to deal with, to prosecute and/or settle as they think fit without further reference to me; and I undertake to give all such information and assistance as the Company may require.

NAME:

SIGNATURE:

DATE:

