

MOTOR VEHICLE ACCIDENT/LOSS REPORT THIS ORIGINAL COMPLETED FORM MUST BE GIVEN TO YOUR INSURER TOGETHER WITH AN ESTIMATE FOR THE COST OF REPAIRS TO YOUR VEHICLE

AGENCY			CLAIM NO	D.:	
POLICY NO		APPLICABLE E	XCESS		
THE INSURED					
NAME			EMAIL ADDI	RESS	
OCCUPATION		_ EMPLOYER			
BUS. ADDRESS				PHONE NO	
RES. ADDRESS				PHONE NO	
IS THE INSURED VAT REGIS	STERED? Yes □ No □		VAT REG. N	O	
PARTICULARS OF INSUREI	D VEHICLE				
MAKE AND MODEL	CHASSIS NO.		REGISTR	RATION NO.	SUM INSURED
Is the vehicle subject to a Hire If so, state name and address	e Purchase Agreement □	Bill of Sa		0 0	Other? □
IS ANY ANTI-THEFT DEVICE	FITTED TO THE VEHICL	.E? No □ Yes □ N	//AKE		
THE DRIVER					
NAME OF DRIVER			RELATIONS	HIP TO INSURED	
OCCUPATION					
BUS. ADDRESS					
RES. ADDRESS					
EMAIL ADDRESS					
DRIVER'S PERMIT NO.				EXPIRY DATE	
DATE OF BIRTH		CLASS OF VEHIC	mm/dd/yy	TO DRIVE	mm/dd/yy
Has driver any physical impair					
For what purpose was vehicle					
Has driver been involved in ar					
	-	-			
Date	Vehicle No		Ins. Co.		
Date Is the driver insured in his own					
	n name in respect of any of	ther motor vehicle?	Yes □ No [_	
Is the driver insured in his own	n name in respect of any of	ther motor vehicle?	Yes □ No [_	
Is the driver insured in his own If yes, state particulars of Ins.	n name in respect of any of	ther motor vehicle?	Yes □ No [Policy No	
Is the driver insured in his own If yes, state particulars of Ins. THE ACCIDENT	n name in respect of any of	ther motor vehicle?	Yes No I	Policy No	
Is the driver insured in his own If yes, state particulars of Ins. THE ACCIDENT DATE OF ACCIDENT	n name in respect of any of	ther motor vehicle?	Yes □ No [Policy No A.M. / I	P.M
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THIRD PARTY PROPERTY	DAMAGE			
OWNER	NAME(S)	RESIDENTIAL/BUSINESS ADDRESS		PHONE NO.
1)				
2)				
DRIVER	NAME(S)	RESIDENTIAL/BUSINESS ADDRESS	;	PHONE NO.
1)				
DATE OF BIRTH	OCCUPATION	DRIVER'S PERMIT NO.	ISSUE DATE	EXP. DATE
mm/dd/yy	000017111011	DRIVER OF ERWIT NO.	mm/dd/yy	
2)				_
DATE OF BIRTH	OCCUPATION	DRIVER'S PERMIT NO.	ISSUE DATE	
mm/dd/yy			mm/dd/yy	mm/dd/yy
MAKE & MODEL OF VEHIC	E PEGIST	RATION NO. T/PARTY INSURER	COVERAG	E/POLICY NO
			COVERAG	L/I OLIGI NO.
1)				
2)				
EXTENT OF DAMAGE				
1)				
2)				
THIRD PARTY BODILY INJU	JRY			
NAME	AGE	RES. ADDRESS		PHONE NO.
1)				
3)				
OCCUPATION	EMPLOYER	BUS. ADDRESS		PHONE NO.
				THONE NO.
1)				
3)				
NATURE & EXTENT OF INJ	URIES	ATTENDING PHYSICIAN AND/	OR HOSPITAL	
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1)				
2)				
2)				
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2)	OSITIONS OF VEHICLES	S INVOLVED, DESIGNATING CLEARLY F	POINT OF CONTA	ACT
2)	OSITIONS OF VEHICLES		POINT OF CONTA	ACT
2) 3) SKETCH SHOW DIRECTIONS AND P	OSITIONS OF VEHICLES	S INVOLVED, DESIGNATING CLEARLY F	POINT OF CONTA	ACT
2) 3) SKETCH SHOW DIRECTIONS AND P	OSITIONS OF VEHICLES	S INVOLVED, DESIGNATING CLEARLY F	POINT OF CONTA	ACT
SKETCH SHOW DIRECTIONS AND P DESCRIPTION OF ACCIDENT In your opinion who was at fa	OSITIONS OF VEHICLES	S INVOLVED, DESIGNATING CLEARLY F	POINT OF CONTA	ACT
SKETCH SHOW DIRECTIONS AND P DESCRIPTION OF ACCIDENT In your opinion who was at fa	OSITIONS OF VEHICLES	S INVOLVED, DESIGNATING CLEARLY F	POINT OF CONTA	ACT
2)	OSITIONS OF VEHICLES NT ult? particulars are true and con	Did such person admit responserrect to the best of my/our knowledge and	POINT OF CONTA	ACT
2)	OSITIONS OF VEHICLES NT ult? particulars are true and con	Did such person admit respons	POINT OF CONTA	ACT
2)	OSITIONS OF VEHICLES	Did such person admit response rrect to the best of my/our knowledge and Signature of Driver	POINT OF CONTA	ACT