



Africa Merchant Assurance Co. Ltd.

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MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

1. No liability under the policy is admitted by issue of this form.
2. Neither Owner nor driver must admit fault or liability for this accident.
3. Do not answer communication about this Accident, but send the the insurers for considerations.
4. All questions on this form **Must** be answered.
5. Repairs Must not be authorized without prior authority of the insurers.

Insurers Claim No.

Brokers Ref. No.

POLICY HOLDER	1. Name.....Tel No..... 2. Address..... 3. Business/Occupation.....
POLICY	4. (a) Number..... Expiry Date 5. (b) Attach a copy of the valid Insurance Certificate. Name of hire purchase of finance company
VEHICLE	6. Make & ModelHP/CC Year of Manufacture 7. Reg. No. of Vehicle..... Carrying Capacity..... 8. Reg. No. of Trailer..... Carrying Capacity..... 9. Name and Address of Own
USE	10. State the exact purpose for which the vehicle was being used at the time of the accident
COMMERCIAL VEHICLE	11. Description of goods being carried..... 12. Name of owner of goodshas a trailer attached.....
COMMERCIAL	13. Weight of load on (a) Vehicle(b)trailer

VEHICLES		
PERSON DRIVING THE VEHICLE	14. Name Actul Date of Birth..... Occupation	
	15. Address Tel. No.....	
	16. Is he employed by you?	
	17. How long has he been in your service?	
	18. Was he driving with your permission?.....	
	19. How long has he been driving motor vehicle?.....	
	20. Was he in any way blamed for the accident?.....	
	21. Did he admit liability?.....	
	22. Has he had previuos accident?.....	
	23. If so, how many, and approximately date?.....	
	24. Has he any conviction for any offence in connection with any motor vehicle or any charge pending.....	
	25. If so, give details including dates.....	
	26. Does he hield a full or provinsional licence to drive the vehicle.....	
	27. If full, state date when driving test first passed..... Number	
	28. Does he own a Motor Vehicle?..... If so, give name and address of Insurer..... Driver's Policy No.....	
	ACCIDENT	
	29. Date..... Time a.m/p.m Place.....	
	30. Type of road surface..... Visibility..... Wet/Dry/.....	
	31. What lights were showing on tour.....	
	32. What warning did your driver give?.....	
	33. Estimated speed before accident..... Whether conditions	
	34. Did police take particulars?..... If so, give Constable's number and station.....	

35.	To which police station was the accident reported?
36.	Attach copy Notice of Intended Prosecution if any.
PLAN OF ACCIDENT	37. Draw sketch (stating approximate measurements) showing position of vehicle and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossing and any relevant information.
STATEMENT BY PERSON DRIVING THE VEHICLE	38. Signature.....
STATEMENT BY OWNER OR POLICY HOLDER	39.
DAMAGE TO INSURED VEHICLE	40. State briefly apparent damaged (In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the insurers an estimate for repairs.)

	41.	Name and address of the garage in our panel recommended by us.....			
	42.	Is the vehicle still in use?..... When and where can it be inspected.....			
OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED	43.	Name and address of owner	Vehicle Reg. No.	Name of Insurer and Number	Other property damaged
	44.	Name and address of driver			
PERSONS INJURED	45.	Name and address	Relationship to the policy holder	If Driver or Passenger Reg. No. of Vehicle	Apparent Injuries
INDEPENDENT WITNESS	46.	Name	Address		
PASSENGERS IN YOUR VEHICLE		Name	Address		
INSURED	I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.				
	Date Signature of Policy holder				