

MOTOR ACCIDENT REPORT FORM

The report is made in the bona fide belief that litigation may ensue, and to enable the Company's representatives and Attorneys to conduct such litigation and advise in relation thereto.

ACCURACY OF STATEMENTS

When answering the questions on this form, you must be honest and truthful; if any false or fraudulent statement or declaration is made in support of the claim the Policy shall be rendered void and the claim forfeited. It is necessary therefore, that great care should be taken in completing this form and the information given herein should be strictly accurate, irrespective of whether it is in the Insured's favour or otherwise.

PARTICULARS OF INSURED

1. Name: _____ 2. TRN: _____
3. Home Address: _____ 4. Date of Birth: _____
5. Contact: _____ 6. Cell: _____ 7. Home: _____
8. Email: _____ 9. Occupation: _____ 10. Employer: _____
11. Business Address: _____ 12. Business #: _____

INSURANCE INFORMATION

1. Policy #: _____ 2. Type of Policy: _____ 3. Type of Cover: _____
4. Period of Insurance: _____ 5. Insured Value: _____ 6. Excess: _____
7. Last Valuation Value: _____ 8. Restrictions: _____

VEHICLE DETAILS

1. Licence Plate No.: _____ 2. Make: _____ 3. Model: _____ 4. Year: _____
5. Colour: _____ 6. Left/Right Hand Drive: _____ 7. Condition of Tyres: _____
8. Was there any unrepaired damage prior to the accident?: _____
9. Type of Road Licence (i.e Private Car, Private C.M.C., Public C.M.C or PPV): _____
10. Name & Address of Bank or Company with Financial Interest in the Vehicle: _____

USE OF THE VEHICLE

1. State the exact purpose for which the vehicle was being used at the time of the accident: _____
2. Were goods being carried?: _____
3. If so, state the nature of the goods and weight: _____
4. How many persons including the driver were in the vehicle? _____
5. Were they being charged a fee? Yes No
6. If the vehicle was being driven by a person other than the Insured, with whose permission was it being used?: _____
7. Was the vehicle being used for hire or reward? Yes No
8. Was the Insured in the vehicle when the accident took place? Yes No

DRIVER - IF OTHER THAN THE INSURED

1. Name: _____
2. Date of Birth: _____
3. Address: _____
4. Contact: _____
5. Email: _____
6. Occupation: _____
7. Employer: _____
8. Driving Experience: _____
9. Driver's Licence/Permit No.: _____
10. Date Issued: _____
11. Which Tax Office: _____
12. Type of Licence (PVT, GEN, GEN TO INC PPV, FOREIGN COUNTRY): _____
13. How many accidents in the last 3 years? _____
14. Has the licence been endorsed? Yes No
15. If so, give particulars: _____
16. What is the relationship between the driver and the Insured?: _____
17. Was the driver drinking? Yes No
18. Does driver own a vehicle? Yes No
19. If so, where is it insured? _____
20. Does the driver suffer from any physical infirmity, defective hearing or vision? Yes No

THE ACCIDENT

1. Date of Accident: _____ 2. Time: _____ am/pm
3. Place: _____ 4. in the vicinity of: _____
5. Condition of the Road: _____ 6. Type of Surface: _____
7. Weather: _____
8. Who caused the accident: _____ 9. Did the police investigate? Yes No 10. Did they visit the Scene? Yes No
11. Police Station: _____ 12. Name of Police Officer: _____ 13. Badge No.: _____
14. Were you warned for prosecution? Yes No 15. Was the other person warned for prosecution? Yes No
16. Did the driver of the other vehicle seem to be under the influence of liquor? Yes No
17. Have you received any indication of a claim from the third party? Yes No
18. Did the driver of the other vehicle make any statement bearing on the accident? Yes No
19. Did the driver or owner sign written admission of liability? Yes No

	INSURED'S VEHICLE	THIRD PARTY #1	THIRD PARTY #2
DIRECTION OF TRAVEL	_____	_____	_____
ON WHICH SIDE OF THE ROAD	_____	_____	_____
SPEED BEFORE ACCIDENT	_____	_____	_____
SPEED AT THE TIME OF ACCIDENT	_____	_____	_____
LIGHTS (On, Off, Dim or Bright)	_____	_____	_____
WAS HORN SOUNDED	_____	_____	_____
WAS INDICATOR ON OR OFF	_____	_____	_____

! DAMAGE TO INSURED'S VEHICLE

1. List damage to the vehicle:

2. What is the estimated repair cost? _____ 3. Name & No. for your Repairer: _____

4. Was a wrecker used to remove the vehicle? Yes No 5. Name & No. of the Wrecker Co.: _____

6. Where can the vehicle be inspected? _____

👤 PASSENGERS IN INSURED'S VEHICLE

NAME	ADDRESS	OCCUPATION	AGE	RELATIONSHIP TO THE INSURED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

⚠️ INJURED PERSONS IN INSURED'S VEHICLE (INCLUDING INSURED/DRIVER)

NAME	ADDRESS	OCCUPATION	AGE	NATURE OF INJURY/ HOSPITAL ATTENDED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

👁️ INDEPENDENT WITNESS - NOT PREVIOUSLY KNOWN TO INSURED

NAME	ADDRESS	CONTACT NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THIRD PARTIES INFORMATION

IF PEDESTRIAN OR CYCLIST PLEASE STATE:

a) Name and Address: _____ Contact No.: _____

b) Nature of Injury if any: _____

c) Damage to cycle: _____

VEHICLE DETAILS:

a) Owner's Name and Address: _____ Contact No.: _____

b) Driver's Name & Address: _____ Driver's Licence No.: _____

c) Licence Plate No.: _____ Year: _____ Type of Vehicle: _____ Colour: _____

d) How many persons (including the driver) were in the vehicle? _____ How many were injured? _____

e) Insurance Company: _____ Nature of Damage: _____

Estimated Cost of Repairs: _____

VEHICLE DETAILS:

a) Owner's Name and Address: _____ Contact No.: _____

b) Driver's Name & Address: _____ Driver's Licence No.: _____

c) Licence Plate No.: _____ Year: _____ Type of Vehicle: _____ Colour: _____

d) How many persons (including the driver) were in the vehicle? _____ How many were injured? _____

e) Insurance Company: _____ Nature of Damage: _____

Estimated Cost of Repairs: _____

THIRD PARTY DETAILS

THIRD PARTY'S NAME	ADDRESS	OCCUPATION	AGE	INJURY & TREATMENT IF ANY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DATA PROTECTION

This is an important notice which outlines how we will collect and process your personal data relating to your claim. You should read it before submitting any personal data to us.

To read our full Privacy Notice, visit <https://gk-insurance.com/privacy-policy> or you can request a copy from us.

If you have any further queries about how we use your personal data, please feel free to contact us.

I/ We _____ acknowledge and confirm that:

1. I/We have read and understood the Privacy Notice provided to me/us and that I /We are duly authorized to share such information on behalf of the Insured.
2. I/We consent to GKGI collecting and processing my/our personal data herein to fulfil its contractual obligations under the insurance policy, claim management and comply with legal and regulatory requirements.
3. Sensitive personal data particularly in relation to your medical information, claim history and/or criminal history may be collected and I/We acknowledge that the said sensitive personal data collected will be subject to further processing in connection with our insurance claim.
4. To verify the answers provided by me/us in this claim form, GKGI will be sharing and/or seeking information from third parties including but not limited to other insurers, claim service providers, finance companies, databases and/or other regulatory or law enforcement bodies.
5. I/We will be conducting business with GKGI electronically which includes but not limited to receiving updates, sending and receiving all documents, communications, notices and all other correspondence electronically.

MARKETING

We would like to send to you, from time to time, information about our other insurance products and services, exclusive offers, promotions, discounts and new products or services. We may also share your personal data with the other subsidiaries within the GraceKennedy Financial Group or GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or its subsidiaries and any other entity that may become part of the GraceKennedy Group.

Please tick the box(es) below to confirm:

- I/We consent to the sharing of relevant personal data with other companies in the GraceKennedy Financial Group or parent company GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or their subsidiaries and any other entity/ies that may become part of the GraceKennedy Group.
- I/We consent to GKGI or other companies within the GraceKennedy Financial Group and GraceKennedy Group contacting me/us directly regarding any special offers, discounts, new and existing product offerings and bundles that may be of interest to me/us.

I would like to receive that information by (tick all that apply):

- Email Text Message Phone Post

I/We also understand that I/we may withdraw my/our consent in writing at any time and if I/we choose to withdraw my/our consent, my/our benefits with GKGI would not be affected.

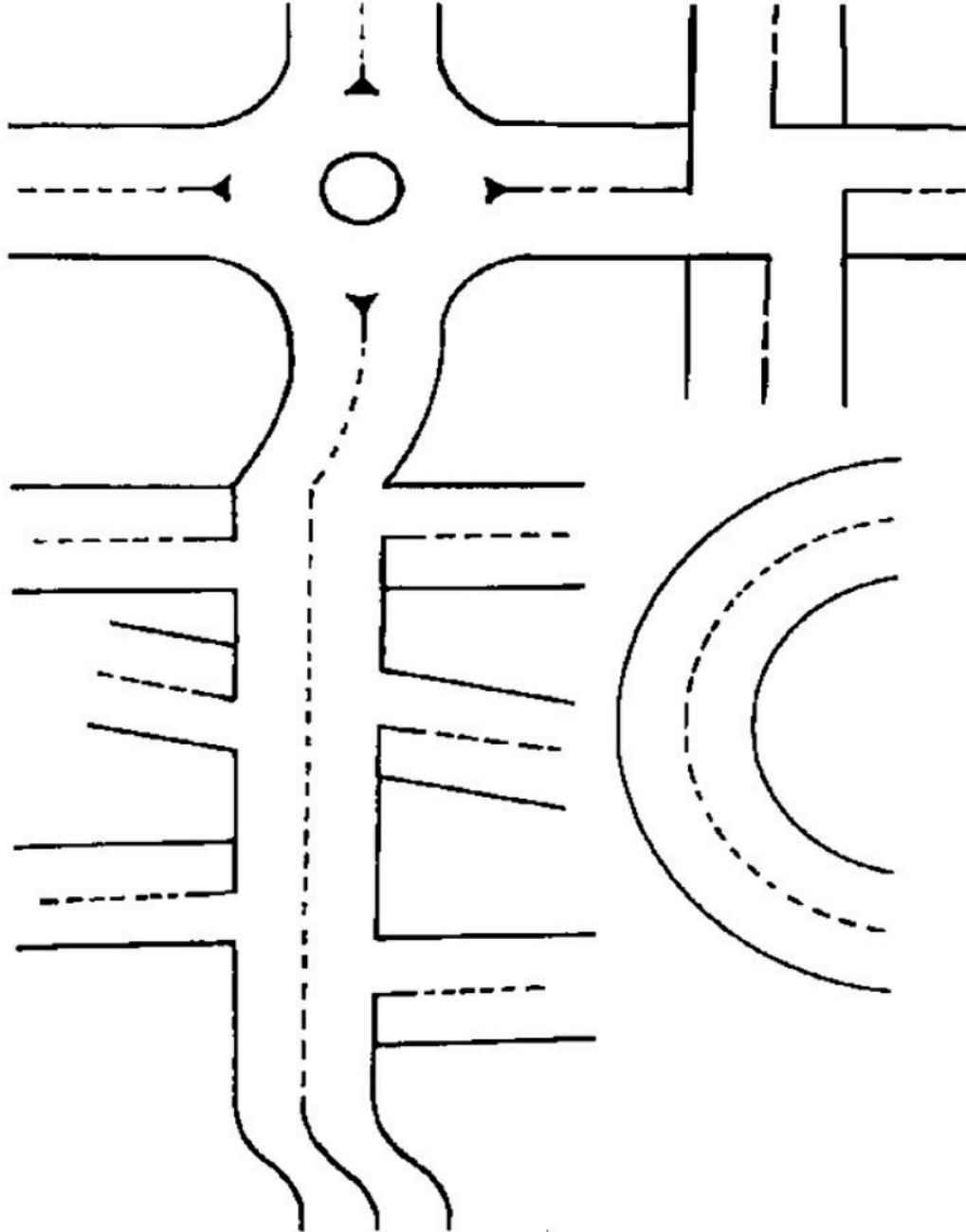
- I / We declare that the information given in this form is true and correct to the best of my / our knowledge/belief.
- I / We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Signature of Insured

Date

Signature of Insured

Date



PLEASE
INDICATE
AREA
OF
DAMAGE

