

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

Name: | TRN: |
Home Address: | Date of Birth: |
Contact: | Cell: | Home: |
Email: | Occupation: | Employer: |
Business Address: | Business #: |

INSURANCE INFORMATION

Policy #: | Type of Policy: | Type of Cover: |
Period of Insurance: | Insured Value: | Excess: |
Last Valuation Value: | Restrictions: |

VEHICLE DETAILS

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

USE OF THE VEHICLE

State the exact purpose for which the vehicle was being used at the time of the accident: |

| Were goods being carried? |

If so, state the nature of the goods and weight |

How many persons including the driver were in the vehicle? | Were they being charged a fee? Yes No

If the vehicle was being driven by a person other than the Insured, with whose permission was it being used?

|

Was the vehicle being used for hire or reward? Yes No Was the Insured in the vehicle when the accident took place? Yes No

DRIVER - IF OTHER THAN THE INSURED

Name: | Date of Birth: |

Address: | Contact: |

Occupation: | Employer: | Driving Experience: |

Driver's Licence/Permit No.: | Date Issued: |

Which Tax Office: | Type of Licence (PVT, GEN, GEN TO INC PPV, FOREIGN COUNTRY): |

How many accident in the last 3 years? | Has the licence been endorsed? Yes No

If so, give particulars: |

What is the relationship between the driver and the Insured?: | Was the driver drinking? Yes No

Does driver own a vehicle? Yes No If so, where is it insured? |

Does the driver suffer from any physical infirmity, defective hearing or vision? Yes No

THE ACCIDENT

Date of Accident: | Time: | am/pm

Place: | in the vicinity of |

Condition of the Road: | Type of Surface: |

Weather: |

Who caused the accident: | Did the police investigate? Yes No Did they visit the Scene? Yes No

Police Station: | Name of Police Officer: | Badge No.: |

Were you warned for prosecution? Yes No Was the other person warned for prosecution? Yes No

Did the driver of the other vehicle seem to be under the influence of liquor? Yes No

Have you received any indication of a claim from the third party? Yes No

Did the driver of the other vehicle make any statement bearing on the accident? Yes No

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

List damage to the vehicle:

|

What is the estimated repair cost? | Name & No. for your Repairer: |

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

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

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 if 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 passengers 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 passengers were in the vehicle? | How many injured? |
- e) Insurance Company: | Nature of Damage: |
- Estimated Cost of Repairs: |

THIRD PARTY INJURY DETAILS

INJURED PERSON'S NAME	ADDRESS	OCCUPATION	AGE	INJURY & TREATMENT

LEGAL PROCEEDINGS

Please confirm your agreement to the following:

- a) You/Your driver will attend Court to give evidence regarding this accident.
- b) You are willing to have GK General's Attorneys-at-Law handle the Suit.
- c) GK General's Attorneys reserve the right to dispose of the Suit in the manner that they think is appropriate, although, they may solicit your views from time to time.
- d) You are willing if necessary to assist our process server in whatever manner possible and specifically regarding serving the Third Party.

Date: |

Insured's Signature: |

Driver's Signature: |

STATEMENT - TO BE COMPLETED BY THE DRIVER

State fully the circumstances of the accident and what happened after.

My name is | and I live at |

In the parish of | I was born on | I am a |

employed to | . I am the holder of a |

Which allows me to operate | . My licence was issued at |

on | . I have never been charged/convicted in connection with any traffic offences.

(Any communications that you receive about the accident should not be answered, but sent to the Company immediately)

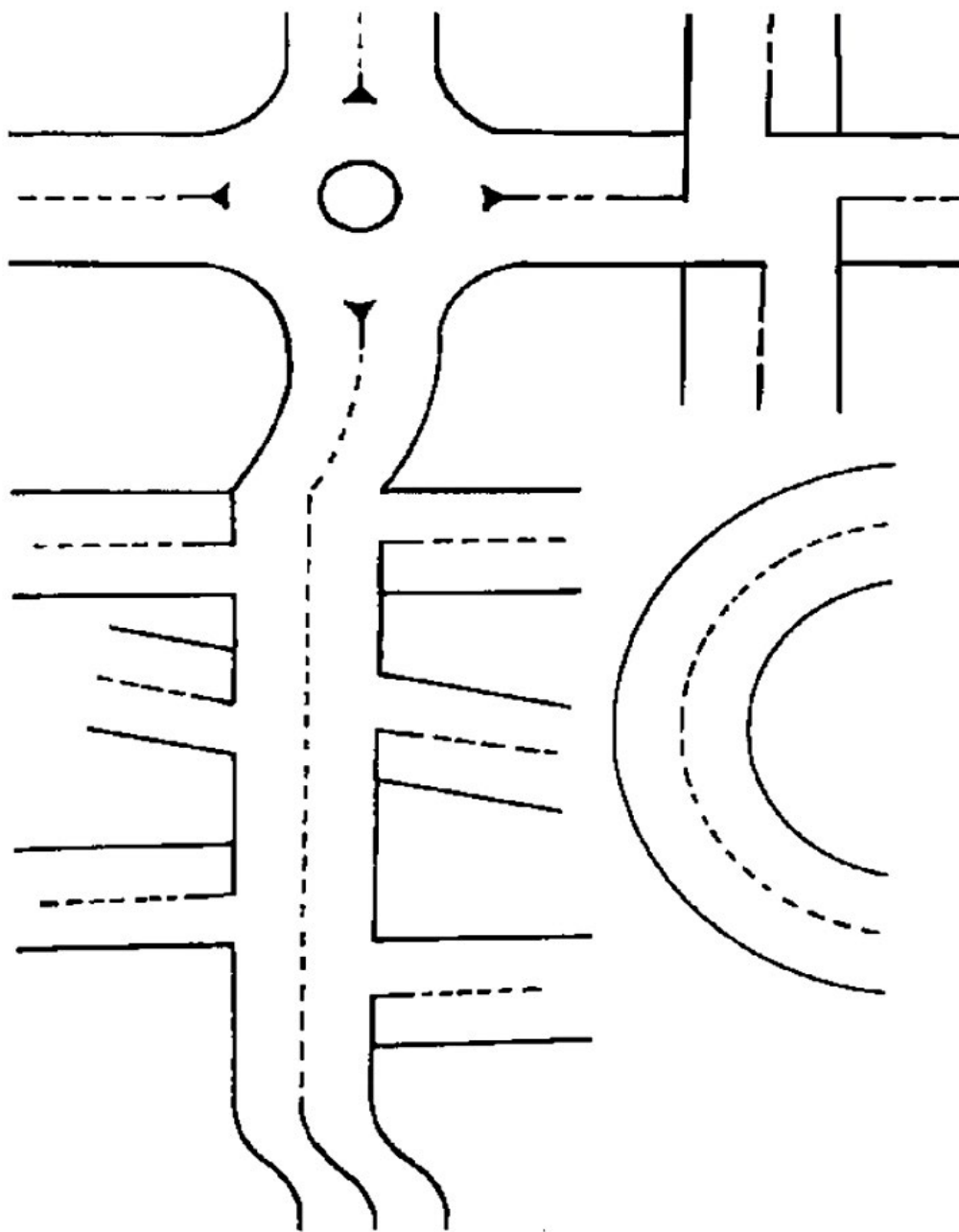
I DECLARE that these particulars are true and complete and does not contain false or exaggerated information.

Dated: |

Signature of Insured: |

Signature of Driver: |

PLEASE COMPLETE APPROPRIATE DIAGRAM OVERLEAF.



PLEASE
INDICATE
AREA
OF
DAMAGE

