



It Pays!

REAL INSURANCE COMPANY LIMITED

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MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED

- (1) No liability under the policy is admitted by issue of this form
- (2) Neither owner nor driver must admit fault or liability
- (3) Do not answer communications about this Accident, but send them to the insurers for consideration
- (4) Repairs must not be authorized without prior authority of the Insurers

POLICY HOLDER:	Name _____ Telephone: _____ Address _____ Business /Occupation: _____
POLICY	Number _____ Expiry Date _____ Name of Hire purchase or Finance Company _____
VEHICLE	Make & Model _____ HP/CC _____ Year of Manufacture _____ Reg. No of Vehicle _____ Carrying Capacity _____ Reg. No of Trailer _____ Carrying Capacity _____ <i>Attach a copy of the Logbook and Driving Licence</i>
USE	State the exact purpose for which the vehicle was being used at the time of the accident _____
COMMERCIAL VEHICLES	Description of goods being carried _____ Name of owner of goods _____ Was trailer attached _____ Weight of load on (a) vehicle _____ (b) Trailer's _____
DRIVER	Name _____ Occupation _____ Date of Birth _____ Address _____ Tel No: _____ Is he employed by you? _____ How long has he been in your service? _____ Was he driving with your permission? _____ How long has he been driving motor vehicles _____ Was he in anyway to blame for the accident? _____ Did he admit liability? _____ Has he had any previous accident _____ If so, how many, and approximate date(s) _____ Has he any conviction for any offence in connection with any motor vehicle of any charges pending? _____ If so, give details including dates _____ Does he hold a full or provisional licence to drive the vehicle? _____ If full, state exact date, driving test first passed _____ Licence No _____ Does he own a motor vehicle? _____ If so give name and address of Insurer _____ Driver's Policy No _____
ACCIDENT	Date _____ Time _____ AM/PM Place _____ Type of road surface _____ Visibility _____ Wet or Dry? _____ What lights were showing on your vehicle? _____ What warning did your driver give? _____ Estimated speed before accident _____ Weather Conditions _____ Did Police take particulars? _____ If so, give Constable's No. and Station _____ To which police station was the accident reported? _____ <i>Attach copy of Notice of Intended Prosecution if any</i>
PLAN OF	Draw sketch (Stating measurements) showing position of vehicles and persons concerned and the direction in which they were _____

ACCIDENT	traveling Also show type and position of traffic signs, skid marks, pedestrian crossings and other relevant information. (If necessary use separate sheet)			
STATEMENT BY DRIVER	<i>(If necessary, continue on a separate sheet)</i>			
STATEMENT BY OWNER	<i>(if necessary, continue on a separate sheet)</i>			
DAMAGE TO INSURED VEHICLE	State briefly apparent damage			
(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)				
Repairers Name and Address: _____				
Tel No: _____				
Is vehicle still in use? _____ When and where can it be inspected? _____				
OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED	Name and Address of Owner	Reg. No	Name of Insurer	Other Property damaged
Name and Address of the Driver				
PERSONS INJURED	Name and Address	Relationship to the Policyholder	If Driver or Passenger Reg. No of vehicle	Apparent injuries
INDEPENDENT WITNESSES	Name		Address	
PASSENGERS IN YOUR VEHICLE	Name		Address	
I declare that these particulars are true and undertake to forward immediately (and unanswered) any correspondence relating to this accident.				
_____			SIGNATURE OF POLICYHOLDER	

DATE				