



# Particulars of Accident

## Insured

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_

## Insured's vehicle

Make and type: \_\_\_\_\_

Regn. Letters/No.: \_\_\_\_\_

Purpose of use: (drop down menu of examples)  
e.g. pleasure, commercial travelling, delivery of goods, tuition: \_\_\_\_\_

Was it being used on the Insured's order or with his permission? Yes/No \_\_\_\_\_

Was it being used for hire or reward or was any charge whatsoever made for its use? Yes/No \_\_\_\_\_

If a goods carrying vehicle, what was the weight of the load being carried? \_\_\_\_\_

If a motorcycle was a sidecar attached? Yes/No \_\_\_\_\_

What is the nature of the damage? \_\_\_\_\_

Name and address of the Garage where it is desired to have repairs effected \_\_\_\_\_

Telephone No. \_\_\_\_\_

Have any instructions been given with regard to repairs? Yes/No \_\_\_\_\_

Where can the vehicle be inspected? \_\_\_\_\_

Is any finance company interested in the vehicle? Yes/No \_\_\_\_\_

If so, give name and address \_\_\_\_\_

Estimated cost of repairs \_\_\_\_\_

## Driver of Insured's vehicle

Was driver of the vehicle the Insured? Yes/No \_\_\_\_\_

## Details of accident

Date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.

Place \_\_\_\_\_

Which vehicle was on the Major road? \_\_\_\_\_

State \_\_\_\_\_

If accident at road junction state whether X roads, T junction or Y fork \_\_\_\_\_

What signal if any was given by

a) driver of Insured's vehicle? \_\_\_\_\_

b) other party? \_\_\_\_\_

What was

a) speed limit in operation? \_\_\_\_\_

b) speed of Insured's vehicle? \_\_\_\_\_

State weather conditions e.g. fine, wet, misty, etc. \_\_\_\_\_

What road signs were at scene of accident e.g. Halt, Slow etc? \_\_\_\_\_

Was horn sounded by

a) driver of Insured's vehicle? \_\_\_\_\_ b) other party? \_\_\_\_\_

If pedestrian injured, state Whether on pedestrian crossing \_\_\_\_\_

## Describe how accident occurred:

**Witnesses**

Were particulars of the accident taken by a policeman? Yes/No

Independent witnesses? Yes/No

If so, state policeman's number \_\_\_\_\_

Was the policeman a witness of the accident? \_\_\_\_\_

Give names and addresses of all witnesses of the accident  
Persons in Insured's vehicle \_\_\_\_\_

Were any statements as to blame made at the time of the accident? Yes/No

If so, give details \_\_\_\_\_

Persons in any other vehicle involved in the accident \_\_\_\_\_

**Other parties involved**

Names and addresses of owners of other vehicles involved	Regn. letters No. and make of vehicle	Brief details of damage	Name of Insurers
a)			
b)			
c)			
Names and addresses of all injured parties	If a passenger, state In which vehicle	Nature of injury	
Names and addresses of owners of other property damaged	Brief details of damage		

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**Any additional information**

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I/We hereby confirm that the information given on this form is true to the best of my my/our knowledge and belief.

**Signature**

**Date**