Industrial and General Insurance Plc
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MOTOR ACCIDENT REPORT CLAIM FORM

The information required in this form is sought in the bona fide belief that litigation may ensue, and for the purpose of furnishing to the solicitors of the company information to enable them to advice us on behalf of the insured in anticipation of litigation.

Please answer all questions fully and return forms without delay.

Policy No _____ Claim No _____

Agency _____

Insured _____

Contact Address _____ State _____

Postal Address _____ State _____

Occupation _____

Telephone _____ Mobile _____ Email _____

Last premium Date: _____

Address at which vehicle _____

Usually Garaged _____

Are you insured elsewhere in respect of this risk? YES ☐ NO ☐

VEHICLE

Make	H.P or C.C	Year of Make	Type of Body	Registered No.

PURPOSE FOR WHICH USED AT TIME OF ACCIDENT

A t the time of accident was the car been used for: Social ☐ Domestic ☐ Pleasure purposes ☐ Business ☐

If so whose? _____

True mileage as at accident date _____

If used for carriage of goods _____

State nature of goods carried? _____ _____

Were the goods being carried for hire or reward YES ☐ NO ☐

State class of license held (A, B, or C)

Was a trailer attached Yes ☐ No ☐ If so, give Particulars _____

If used for Carriage of Passenger (Coach Only):
Was the vehicle being used for stage, Express or Contract Services YES NO

If used for Carriage of Passenger (Private Type Cars Only):
Were passengers carried for Private hire or public hire?

If not one of the above, state use at the time of accident

DRIVER

Name Age Experience

Years Months

Address

Driving License No Date of expiry

Has he been concerned in any previous accidents YES NO

If so, give details:

Has driver any physical defects

If so, give details:
Has driver been prosecuted for any motoring offences? YES NO
If YES, give details:

Is he in your employment? YES NO

If YES, in what capacity?

And for how long?

PARTICULARS OF ACCIDENT

Date Time Place

State of weather:
If dark, were you headlamps alight?

What was the condition of the road?

Were any traffic lights operational at the scene of the accident: YES NO
If YES, where they in your favour? YES NO

Was your vehicle on the main road? YES NO

At what speed was your vehicle travelling at the time of the accident?

What warning did your driver give?
Other drivers give?

Please give full description of accident and events leading up to it, and append rough diagram of scene of accident.

PARTICULARS OF ACCIDENT SPACE FOR CONTINUATION AND FOR DIAGRAM OF SCENE.

Please provide a sketch showing by arrows the respective course of parties involved in accident and indicating position of any nearby pedestrian crossing and / or traffic signs.

WITHNESSES OF ACCIDENT (IT IS OF THEUTMOST IMPORTANCE ALWAYS TO OBTAIN NAMES AND ADDRESSES OF WITNESSES)

How many people in vehicle at the time of accident? Driver and _____ Others

Please state their full Names and Addresses: _____

Names and addresses of INDEPENDENT witnesses, (If none, please state reason): _____

Have you reported the accident to the police? YES ☐ NO ☐

If YES give his number _____ and station _____

Did he witness the accident? YES ☐ NO ☐

Are the police taking any action as a result of the Accident? YES ☐ NO ☐ Against whom? _____

DAMAGE TO INSURED'S MOTOR VEHICLE

If your Motor Vehicle has been damaged, please give full particulars. _____

Probable cost _____ Repairer's Telephone Number _____

Please state when and where Motor Vehicle can be examined _____ (If possible an estimate should accompany this form, but do not delay returning form if estimate not yet obtained)

NAMES OF ANY OTHER PARTIES CONCERNED IN THE ACCIDENT, AND DETAILS OF THEIR CLAIMS (IF ANY)

Name _____ Occupation _____

Address _____ Names and Address of the other party's Insurance Company _____

Cover _____ Policy No _____

Did they make any statement after the Accident? YES ☐ NO ☐ If YES, what did they say? _____

Please give full details:
Of their personal injuries _____

Of damage to their property: _____

Has notice of any claim been given to you? YES ☐ NO ☐ (Any communication should be forwarded unanswered to the company at once.)

Were any passengers in your vehicles injured? YES ☐ NO ☐

If so, please give Name and Addresses and state extent of injuries.

IF ANY PERSON RECEIVED TREATMENT AT SCENE OF ACCIDENT,OR WAS TAKEN TO HOSPITAL GIVE HIS / HER NAME AND THAT OF DOCTOR AND / OR HOSPITAL

I/We hereby declare that the above statements and facts are true, and that I/we have not withheld from the Company any information within my/our knowledge connected with the Accident.

Date _____ INSURED'S SIGNATURE _____