

MOTOR VEHICLE ACCIDENT REPORT FORM
(For Damage To Windscreen Or Vehicle Whilst Parked)

The issue and acceptance of this form is not an admission of liability on the part of the company

THE INSURED

Name: _____ Occupation: _____

Address: _____

Tel: (Office) _____ (Res.) _____ HP _____

Vehicle No.: _____ Make of Vehicle: _____ C.C _____ Year: _____

Policy No. _____ Insurance Period _____ To _____

DETAILS OF LOSS:

Date / _____ Time / _____ Place / _____

Explain fully how loss happened:

If Windscreen is damaged whilst driving,

Name of Driver _____ Address _____

Licence No. _____ Expire On _____ Tel: _____

Please note that repairs should not be proceeded without our approval.

State name of workshop _____

If other damage is also sustained by the vehicle, please provide details.

I hereby declare that, to the best of my knowledge and belief, the above statements are fully and truly made.

_____ Date _____
Signature of Insured (if Company, please stamp and indicate the name of the person signing the form)

If you receive any communications in anyway connected with the accident, please forward them to the Company immediately.

FOR OFFICE USE ONLY

Sum Insured: _____

Add. Cover: a) W/S _____

Excess: (Section I) _____

H/P _____ Agency _____

Premium _____ NCD _____

R.I. _____