

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. _____