



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		

Any additional information

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