



MOTOR ACCIDENT REPORT FORM

THE INSURED

"N/A" means "Not Applicable"

Name: _____	Contact #s: _____
Home Address: _____	
Occupation: _____	Email Address: _____
Employer/Business Name: _____	Contact #s: _____
Employer/Business Address: _____	

VEHICLE INFORMATION

Policy #: _____	Licence Plate #: _____	Year: _____
Make: _____	Model/Type: _____	Colour: _____
Name and Address of any Bank or Company financially interested in the vehicle: _____		
Was there any unrepaired damage to your vehicle before this accident? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, give details: _____		
Where on your vehicle was damaged in this accident? _____		
Did a wrecker remove your vehicle? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, give name: _____		Contact #: _____
Where can the vehicle be inspected? _____		Contact #: _____

USE OF VEHICLE

State the exact purpose for which the vehicle was being used at the time of the accident: _____	
Was your vehicle towing anything? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, give description: _____ and weight of load: _____
Were goods being carried? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, state the nature of the goods: _____ and weight of load: _____
How many persons including the driver were in the vehicle? _____	Were they charged a fee to be transported? <input type="checkbox"/> Y <input type="checkbox"/> N
If the vehicle was driven by a person other than the Insured, with whose permission was it being used? _____	

THE ACCIDENT

Date of accident: _____	Time: _____	Place: _____	Parish: _____
Who do you think is at fault? _____			
Was a report made to the police? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, state Name of Policeman: _____ Badge #: _____	
Name of Police Station: _____		Were you warned for prosecution? <input type="checkbox"/> Y <input type="checkbox"/> N	
Did the other driver or anyone else involved in the accident state that they will make a claim? <input type="checkbox"/> Y <input type="checkbox"/> N			
Were there any Independent Witnesses? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please give information below:			
Witness #1 Name: _____		Witness #1 Contact #: _____	
Witness #2 Name: _____		Witness #2 Contact #: _____	
Condition of Road: _____		Kind of Surface: _____ Visibility: _____	

	INSURED'S VEHICLE	THIRD PARTY # 1	THIRD PARTY # 2
Direction of travel?			
On which side of the road?			
Speed: (a) Before accident?			
(b) At the time of the accident?			
Head Lights/Indicator (on, off, dim or bright):			
Was horn sounded?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

PASSENGERS IN INSURED'S VEHICLE

NAME	ADDRESS	CONTACT #	OCCUPATION	RELATIONSHIP TO THE INSURED	NATURE OF INJURY, IF ANY AND HOSPITAL ATTENDED

PASSENGERS IN INSURED'S VEHICLE, Cont.

NAME	ADDRESS	CONTACT #	OCCUPATION	RELATIONSHIP TO THE INSURED	NATURE OF INJURY, IF ANY AND HOSPITAL ATTENDED

THIRD PARTY INFORMATION

IF PEDESTRIAN OR PEDAL CYCLIST, PLEASE PROVIDE:

(a) Name: _____ Contact #: _____
Address: _____

(b) Nature of injury, if any: _____

(c) Nature of damage to pedal cycle: _____

IF VEHICLE OR MOTORCYCLE, PLEASE PROVIDE:

THIRD PARTY # 1

(a) Owner's Name: _____ Contact #: _____
Address: _____

(b) Driver's Name: _____ Contact #: _____
Address: _____

(c) Year: _____ Make: _____ Model: _____ Licence Plate #: _____

(d) How many persons were in the vehicle? _____ How many were injured? _____

(e) Insurance Company: _____
Nature of damage to vehicle: _____

THIRD PARTY # 2

(a) Owner's Name: _____ Contact #: _____
Address: _____

(b) Driver's Name: _____ Contact #: _____
Address: _____

(c) Year: _____ Make: _____ Model: _____ Licence Plate #: _____

(d) How many persons were in the vehicle? _____ How many were injured? _____

(e) Insurance Company: _____
Nature of damage to vehicle: _____

IF OTHER PROPERTY, PLEASE PROVIDE:

Was there damage to any other property (such as walls, fences, cultivations & animals)? Y N If yes, give Property Owner info below:**PROPERTY #1:**Name: _____ Contact #: _____
Address: _____**PROPERTY #2:**Name: _____ Contact #: _____
Address: _____**THE DRIVER OF INSURED'S VEHICLE**

What is the relationship between the Insured and the driver? _____

How many years of driving experience does the driver have? _____ How many accidents in the last 3 years? _____

Has the driver ever been convicted for a Motor Vehicle offence? Y N If yes, what? _____

Had driver been drinking? Y N Has driver ever been refused Insurance? Y N If yes, why? _____

Does driver own a vehicle? Y N If yes, please name Insurance Company: _____

Does the driver suffer from any illness, whether physical or mental, defective hearing or vision? Y N

If yes, give details: _____

ACCIDENT DIAGRAM

- On the images of the cars below, please indicate the area(s) which was/were damaged in the accident.
- Choose a roadway from below that looks similar to where the accident happened.
- Draw a diagram showing how the vehicle(s) and/or any damaged property were positioned at the time of the accident.
- Use arrows to show the direction of travel for each vehicle involved.
- Write the name of the roadway and use landmarks/buildings, if this helps.

