ICEA LION
GENERAL INSURANCE

MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

1. No liability under the policy is admitted by issue of this form
2. Neither owner nor driver must admit fault or liability for this accident
3. Do not answer communication about this Accident, but sent them to the Insurers for consideration
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the Insurers.

Insurers Claim No.

Brokers Ref. No.

POLICY HOLDER	Name .....Tel No: ..... Address..... Business/Occupation .....
POLICY	Number.....Expiry date ..... Name of hire purchase or finance company.....
VEHICLE	Make & Model .....Year of Manufacture ..... Reg. No. of vehicle.....Carrying Capacity ..... Reg. No. of trailer.....Carrying Capacity ..... Name and Address of Owner.....
USE	State the exact purpose for which the vehicle was being used at the time of the accident: ....
COMMERCIAL VEHICLE	Description of goods being carried..... Name of Owner of goods.....was a trailer attached..... Weight of load on (a) Vehicle.....(b) Trailer(s) .....
DRIVER	Name .....Occupation .....Actual date of birth..... Address.....Tel No: ..... Is he/she employed by you?..... How long has he/she been in your service?..... Was he/she driving with your permission? .....How long has he/she been driving motor vehicle? ..... Was he/she in any way to blame for the accident?.....Did he/she admit liability?..... Has he/she had any previous accidents? ..... If so, how many and approximate dates? .... Has he/she any conviction for any offence in connection with any motor vehicle or any charges pending?..... If so, give details including dates..... ..... Does he/she hold a full provisional licence to drive this vehicle?..... If full, state date when driving test first passed.....Number ..... Does he/she own a Motor Vehicle? ..... If so, give name and address of Insurer..... .....Driver's Policy No.....
ACCIDENT	Date ..... Time am/pm Place ..... Type of road Surface .....Visibility Wet or Dry?..... What lights were showing on your vehicle? ..... What warning did your driver give? ..... Estimated speed before..... Weather conditions..... Did Police take particulars?.....If so, give Constable's number and station..... ..... To which Police Station was the accident reported..... Attached copy Notice of Intended Prosecution if any.....

STATEMENT BY DRIVER	Signature of Driver.....
STATEMENT BY OWNER OR POLICY HOLDER	
DAMAGE TO INSURED VEHICLE	State briefly apparent damage..... ..... (In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the Insurers an estimate for repairs). Repairers name and address..... .....Tel No..... Is the vehicle still in use?.....When and where can it be inspected ....

OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED	**Name and address of Owner**	**Reg/No.**	**Name of Insurer**	**Other property damaged**
	Name and address of driver			

PERSONS INJURED	**Name and Address**	**Relationship to the Policy Holder**	**If Driver or passenger Reg. No. of Vehicle**	**Apparent injuries**

INDEPENDENT WITNESSES	**NAME**	**ADDRESS**

PASSENGERS IN YOUR VEHICLE	**NAME**	**ADDRESS**

PLAN OF ACCIDENT	Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossings and any other relevant information.
	I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this -accident. Date ..... Signature of Policy holder.....