



NICO GENERAL INSURANCE COMPANY LIMITED
MOTOR ACCIDENT REPORT FORM
 (Delete section not applicable)

INSURED	Name					
	Address					Tel No.:
	Occupation				Policy No.:	
VEHICLE	If vehicle subject to Hire Purchase, Credit or Leasing agreement, state name and Address of Finance Company	Make	Chassis No. Engine No.	Gross Carrying capacity HP/CC:	Kilometres Completed	
		Registration	Value	Model and Year	Date of purchase and price paid	
DAMAGE	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repair's name, address and telephone number					
	Where can your damaged vehicle be inspected?					
DRIVER	Full Name					
	Address					
	Phone No.					
	Occupation and Date of Birth					
	Driving Licence	No.	Date	Place	Class	Full/Learner
	State fully the purpose for which the vehicle was being used					
	Was he/she driving with your permission?					
	Was he/she in your employ?					
	Has he/she any motor Insurance on own car? If yes, state Policy No. and Company					
	Details of any convictions for motoring offences					
	Has licence ever been endorsed?					
	Has he/she any physical defects?					
Details of previous accidents						
PASSENGERS <small>RS Insured</small>	PASSENGERS IN INSURED VEHICLE		Name	Address		Injury

	For what purpose were they carried?				
	Are they employees?				
OTHER PARTY	DAMAGE TO OTHER VEHICLES	Registration No.	Make	Name and address of Owner and Driver	Details of damage
OTHER PARTY	DAMAGE TO PROPERTY OTHER THAN VEHICLES	Name and Address of Owner		Details of damage	
OTHER PARTY	PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)	Name of Injured	Relationship to accident e.g. Driver, Passenger	Details of Injuries	Name of Hospital if applicable
WITNESS	Name, Address and Phone No.				
	Name, Address and Phone No.				
THEFT	Date, time place of theft				
	Was the vehicle left locked?				
	Who is now in possession of the keys				
	Police station and reference No.				
	Vehicle, engine and chassis No.	Colour of Vehicle			
	If accessories stolen, provide full details				
ACCIDENT	Date, time place				
	Speed	Before accident	kph	Moment of impact	Kph
	(a) Weather conditions	(a)		(b)	
	(b) Visibility				
	(a) Road surface	(a)		(b)	
	(b) Width of road				
	(a) Which vehicle lights were on?	(a)		(b)	
	(b) Street lighting				
	Was any warning given by you, e.g. hooting, indicator etc?				
	Police Details	Name of Police/Traffic Officer who recorded details of Accident		Police Station and Reference No.	
	Was driver tested for alcohol or drugs?			Result of Test	
DESCRIPTION OF ACCIDENT					
Who in your opinion was to blame and why?					

	<p>SKETCH OF ACCIDENT (If necessary use separate page)</p>	<p>Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident</p>
<p>LICENCE INSPECTION</p>	<p>I have inspected the driver's licence as shown</p> <p>Current Driving Licence No.: Signature.....</p> <p>Valid for classes.....</p> <p>Date of Expiry.....</p> <p>Date of issue of 1st Licence and No.....</p> <p>Place of Issue.....</p> <p>Endorsement with Dates..... Capacity.....</p> <p>Type of Vehicle Driven at the Time of Accident..... Company Representative/Broker/Agent</p>	
<p>DECLARATION</p>	<p>We hereby declare the foregoing particulars to be true in every respect</p> <p>(Signature of Driver)..... Date.....</p> <p>Signature of Insured..... Capacity..... Date.....</p> <p>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND</p>	

