

Security & General Insurance Company Limited

Accident Report Form - Policy #

1 of 3

1. Policy Holder Details

Name:		Cover:	
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Tel. # Home:		Tel. # Work:	
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2. Driver Details

Name	
Address:	
Occupation:	

Age:		Date of Birth:	
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Driver's License #:		National Ins #:	
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Tel. # Home:		Tel. # Work:	
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Did the Police attend the scene of the accident:	Y	N
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Officers name & #:		Police Station:	
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If you are not the Policyholder, did you have permission to drive the vehicle?	Y	N
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If Yes and you own a motor vehicle, please provide your insurance details below:

Has the driver:		
1. Had any convictions as the result of an accident in the past three years?	Y	N
2. Ever been declined or refused renewal for vehicle insurance?	Y	N
3. Ever been prosecuted or penalized for an endorsible motor offence?	Y	N
4. Any physical defect, infirmity or impairment of sight or hearing?	Y	N
5. Have you been involved in any accidents in the past 5 years	Y	N

If the answer to any of the above questions is Yes , please provide details in the space below:
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3. Insured Vehicle

Make		Model	
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Year		Registration #	
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Bank loan details:	
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If you have a bank loan, are your payments up to date?	Y	N
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If your vehicle was damaged prior to the accident, please give details below:

Particulars of the damage to the insured vehicle as the result of the accident:

Vehicle location:	
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Estimated cost of repairs:		Number of passengers:	
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State the purpose for which the vehicle was being used:

4. Accident Details

Date:		Time:		Weather & Road Conditions	
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Street Name:	
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	Insured Vehicle	Third Party
Estimated speed:		
What lights were used:		
Seatbelts used:		

Please describe the details of the incident and provide a sketch of the accident scene (continue on the back of this page if necessary)

Do you feel that you were at fault for the accident?

Important note: Do not plead guilty or pay any fines if you feel you are not at faulty for this accident - see General Conditions Section (6) of your policy

Intl:

5. Witnesses

Name and address	1.	
	2.	

6. Particulars of the passengers

Name	Address	Occupation	Insured, Third Party or Pedestrian	Nature of any injuries and hospital attended.

7. Third Party details

Name		
Address		
Telephone numbers		

Make		Model	
Year		Registration	
Name of Insurer			

Description of damage to other vehicle or property
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Name		
Address		
Tel. # Work:		

Make		Model	
Year		Registration	
Name of Insurer			

Description of damage to other vehicle or property
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I/we understand and agree to the payment of the policy deductible (where applicable) in the amount of \$250-\$750 as specified in Section One of the Roaduser Policy

I/we declare the foregoing particulars to be correct according to my information and belief. I/we understand that you may seek information from other insurers to verify the report given above. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

Signature		Date	
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