

Motor Vehicle Accident Report Form

Claim Code :.....Date :...../...../.....

The Insured's Details

Name :.....Sex:.....Position :.....

Home Tel :.....Work Tel :.....Mobile :.....

Permanent Address :.....

The Insured Vehicle's Details

Made in Year :..... Vehicle Trademark:..... Plaque No :.....

Occupation :.....Color :.....Chassis No :.....Engine No :.....

MV No :.....

Period of Insurance : Inception Date...../...../.....Expiry Date :...../...../.....

The Authorized Driver's Details (upon occurrence of accident)

Driver Name :.....Sex :..... Date of Birth:...../...../.....

Current Address :.....

Driving License No :..... Brand :..... Expiry Date...../...../.....

Was the use of the vehicle entitled by the Insured? Yes No

If yes, for what purpose of using it? (Business or Private, and so on).....

How is the Driver's relationship to the Insured?.....

How has the vehicle user driven in this year?.....

Before this accident, was the driver under the influence of any alcohol or intoxicating drugs during the 12 hours? Yes No

Was the driver tested for alcohol or drugs by police? Yes No Result Obtained:.....

Trail's Information

Made in :..... Vehicle Trademark:..... Plaque No :.....
 Occupation :.....Color :.....Chassis No :.....Engine No :.....
 MV No :.....
 Period of Insurance : Inception Date...../...../.....Expiry Date :...../...../.....
 Tare Weight :.....Load Weight :.....
 What was the trailer carrying at that time?.....
 What is the driver name of that trailer?.....Is he the trailer owner? Yes No
 Name of the trailer owner :..... Contact Number :.....

Third Party's Information (accident caused by you or you was a victim)

Made in Year :..... Vehicle Trademark:..... Occupation :.....
 Plaque No :.....Color :.....Chassis No :.....Engine No :.....
 Made in :.....Owner's Name :.....Sex :.....Age :.....
 Nationality :.....Position :..... Address :.....
 Home Tel :.....Work Tel :.....Mobile :.....
 Driver's Name :.....Sex :.....Age :.....Nationality :..... Position :.....
 Please, describe the vehicle damage or properties of the third party?.....

 Has the third party's vehicle had insurance? Yes No If has, what company?.....

The Police's Details

Did the police make any notes or reports?
 Yes Name :.....Organ :..... Mobile :.....
 No Reason :.....
 Report No :.....Dated :...../...../.....
 How did the police analyze?.....

Witnesses' Details

Were there any witnesses aware of the event? Yes No (If were, please complete the space provided below) :

1. Name :.....Sex :..... Age :..... Nationality :.....
Position :..... Address :.....
Where was the witness when the incident occurred?.....

2. Name :.....Sex :..... Age :..... Nationality :.....
Position :..... Address :.....
Where was the witness when the incident occurred?.....

History

Have you or the driver been declined, cancelled or imposed with the special conditions by **Insurance Company** in the last 3 years.

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Have you or the driver had an accident or made a motor vehicle claim in the last 3 year?

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Have you or the driver been convicted of, fined or imposed with penalties involving to the violation of the traffic law in the last 3 years?

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Have you or the driver been convicted of, fined or imposed with penalties for nay criminal offences in the last 3 years?

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I do solemnly affirm that the information contained herein is correct to the best of my knowledge and belief. I fully apprehend and agree that any false declaration made in this form gives **CAMINCO** the sole rights to refuse or abandon the payment of indemnify automatically.

Made in :..... Dated :...../...../.....

Signature and Name

Insured

Authorized Driver

Received by Caminco Officer

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