

PARTICULARS OF DRIVER (cont'd)

Has the Driver ever been convicted of any offence in connection with the driving of a Motor Vehicle within the past four years?

YES NO

If Yes, please give full details: _____

Relationship of driver to Insured: _____

Was the Vehicle being driven with the Insured's consent and knowledge? YES NO

Is the Driver your paid employee? YES NO If Yes, how long has he/she been employed? _____

Nature of his/her employment: _____

Does the Driver own a vehicle? YES NO

If Yes, with which Insurance Company is the vehicle insured _____

Policy No.: _____

4. DETAILS OF ACCIDENT OR LOSS

Date of Accident or Loss: ____/____/____ (dd/mm/yy) Time: ____ am/ pm

Location (street name etc.): _____

Was your vehicle on the correct side? YES NO On the major road? YES NO

Road Condition WET DRY OTHER _____

Weather Conditions: SUNNY RAINY OTHER _____

Where were you coming from? _____

What lights on your vehicle were in use? _____ What was your traveling speed? _____ kmph

To which Police Station was the Accident /Loss Reported? _____

Officer's Name & Badge No.: _____

State the circumstances causing the Accident/Loss (include name & registration no. of the other vehicles involved and whether horn was sounded or other warning given).

In your opinion, who was at fault? _____

Did such person admit liability? YES NO

5. WITNESSES OF ACCIDENT

State Names, Addresses and Ages of the occupants in the Insured Vehicle:

State Names and Addresses of any Independent Witnesses

Did Witnesses or Drivers make any statements as to fault at the time? YES NO

6. PARTICULARS OF DAMAGE TO INSURED'S MOTOR VEHICLE

State details of damage to Insured's vehicle:

Where is it desired to have repairs carried out? _____

Estimated Cost of Repairs: _____

Address where damaged vehicle can be seen: _____

7. PERSONS INJURED

Name (1) _____
Address _____

Name (2) _____
Address _____

Tel No(s):: (H)() () (W)() () _____
(M)() () _____

Tel No(s):: (H)() () (W)() () _____
(M)() () _____

Date of Birth _____
Details of Injury _____

Date of Birth _____
Details of Injury _____

Was injured person(s) in your vehicle? YES NO

Was injured person(s) in your vehicle? YES NO

8. THIRD PARTY PROPERTY DAMAGE(1)

Owner's Name _____
Address _____
Driver's Name _____
Address _____

THIRD PARTY PROPERTY DAMAGE(2)

Owner's Name _____
Address _____
Driver's Name _____
Address _____

Tel No(s):: (H)() () (W)() () _____
(M)() () _____

Tel No(s):: (H)() () (W)() () _____
(M)() () _____

Registration No. _____
Make & Model of Vehicle _____
Insurer _____
Policy No. _____
Details of Damage _____

Registration No. _____
Make & Model of Vehicle _____
Insurer _____
Policy No. _____
Details of Damage _____

Has any intimation of Claim been made upon you, either verbally or in writing? YES NO

Note: Any written communication received should not be answered and forwarded immediately to COLFIRE. If verbal notice has been received, particulars should be given above.

9. ADDITIONAL INFORMATION:

