

Motor Accident Report Form



LIFE INVESTMENTS HEALTH INSURANCE PROPERTIES ADVICE

Liberty General Insurance Uganda Limited
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P.O. Box 22938 Kampala, Uganda
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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 send 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.

EAUL Claim No.

POLICY HOLDER DETAILS

Name	<input type="text"/>																									
Telephone number	<input type="text"/>																									
Address	<input type="text"/>																									
Business/Occupation	<input type="text"/>																									
Policy number	<input type="text"/>												Expiry date	<input type="text"/> D <input type="text"/> D <input type="text"/> - <input type="text"/> M <input type="text"/> M <input type="text"/> - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y												

VEHICLE DETAILS

Make & Model	<input type="text"/>																									
HP/CC	<input type="text"/>												Year of Manufacturers	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y												
Reg. no. of vehicle	<input type="text"/>												Carrying capacity	<input type="text"/>												
Reg. no. of trailer	<input type="text"/>												Carrying capacity	<input type="text"/>												
Name of owner	<input type="text"/>																									
Address	<input type="text"/>																									

State the exact purpose for which the vehicle was being used at the time of the accident

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Description of goods being carried

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Name of Owner of goods	<input type="text"/>																									
Was a trailer attached	<input type="button" value="Yes"/>	<input type="button" value="No"/>	Weight of load on vehicle	<input type="text"/>				Weight of load on trailer(s)	<input type="text"/>																	

DRIVER DETAILS

Name																											
Occupation																	Date of birth	D	D	-	M	M	-	Y	Y	Y	Y
Telephone number																											
Address																											
Is he/she employed by you?	Yes		No		How long has he been in your service?																						
Was he/she driving with your permission?	Yes		No		How long has he/she been driving Motor Vehicles																						
Was he/she in any way to blame for the accident?	Yes		No		Did he/she admit liability?	Yes						No															
Has he/she had any previous accident?	Yes		No																								
If so, how many and approximate dates?							D	D	-	M	M	-	Y	Y	Y	Y	D	D	-	M	M	-	Y	Y	Y	Y	
Has he/she any conviction for any offence in connection with any motor vehicle in the past or any charges pending for this accident?	Yes																								No		
If so, give details including dates																											
	D	D	-	M	M	-	Y	Y	Y	Y	D	D	-	M	M	-	Y	Y	Y	Y							
Does he/she hold a full or provisional license to drive this vehicle?	Yes		No		Drivers License No											(attach photocopy)											
Does the driver hold any personal motor insurance	Yes		No																								
If so, give name and address of insurer																											

ACCIDENT

Date	D	D	-	M	M	-	Y	Y	Y	Y	Time						
Place																	
Type of road surface																	
What lights were showing in your vehicle?																	
What warning did your driver give?																	
Estimated speed before						Weather conditions											
Did Police take particulars?						Yes						No					
If so, give Constable's number and station																	
To which Police Station was the accident reported																	
Attached copy Notice of Intended Prosecution if any																	

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 mark, pedestrian crossings and any other relevant information.

STATEMENT BY DRIVER

Signature of driver

Date

D	D	-	M	M	-	Y	Y	Y	Y
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STATEMENT BY OWNER OR POLICYHOLDER

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)

Repair's name

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Repair's address

Telephone number

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Is the vehicle still in use

Yes

No

When can it be inspected

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Where can it be inspected

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OTHER VEHICLE AND PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER	REG. NO	NAME OF INSURER	OTHER PROPERTY DAMAGED

Driver's name

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Driver's address

PERSONS INJURED

NAME AND ADDRESS	RELATIONSHIP TO POLICYHOLDER	IF DRIVER OR PASSENGER REGISTRATION NUMBER OF VEHICLE	APPARENT INJURIES

INDEPENDENT WITNESS

Name

Address

PASSENGER IN YOUR VEHICLE

Name

Address

I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Signature of Policyholder

Date

D

D

-

M

M

-

Y

Y

Y

Y