

Motor Vehicle Accident Report

Our Company Name _____

Address _____

Our Driver (PLEASE COMPLETE IN BLOCK LETTERS)

Mr. / Mrs. / Ms _____

Address _____

Ph. Home _____ Ph. Work _____

D.O.B _____

License No. _____ Expiry Date _____

State of Issue _____ License Type _____

Our Vehicle

Year of Manufacture _____ Make _____ Model _____

Body Type _____ Color _____

Registration No. _____

Accident Details

Date _____ Time _____ Location _____

Weather Conditions ____ Wet ____ Dry ____ Foggy ____ Sunny ____ Overcast ____ Other

Accident Description (PLEASE COMPLETE IN BLOCK LETTERS) To be completed by Driver

Add another page if required State Conversation With Other Drivers Witnesses or Others

Our Vehicle Damages: _____

Was our Vehicle Drivable? **Y N**

Plan (Please Sketch Scene of Accident and Show All Traffic Lights & Signs)

Passengers in our Vehicle (PLEASE COMPLETE IN BLOCK LETTERS)

Name _____ Age _____ Sex _____
Address _____

Name _____ Age _____ Sex _____
Address _____

Name _____ Age _____ Sex _____
Address _____

Police

Did the Police Attend? _____ If No, Was The Accident Reported to The Police? _____

If Yes, which Police Station? _____ Date Reported _____

Name Of Attending Police Officer: _____

Did Police Charge Anyone? _____ If Yes, Who? _____

Nature of Charge: _____

Driver of Other Vehicle (PLEASE COMPLETE IN BLOCK LETTERS)

Vehicle 1

Name _____

Phone No. _____

Address _____

Licence No. _____

Name of Registered Owner _____

Address _____

Phone No. _____ Registration No. _____

Make of Vehicle _____ Model _____

Name of Insurance Company _____

Policy No. _____

Details of Other Drivers and Vehicles Involved (PLEASE COMPLETE IN BLOCK LETTERS)

Vehicle 2 - If applicable

Name _____ Registration No. _____

Phone No. _____

Address _____

Vehicle 3 - If applicable

Name _____ Registration No. _____

Phone No. _____

Address _____

Independent Witness (PLEASE COMPLETE IN BLOCK LETTERS)

Witness 1 - If applicable

Name _____ Phone No. _____

Viewed Accident From _____

Address _____

Witness 2 - If applicable

Name _____ Phone No. _____

Viewed Accident From _____

Address _____