



Motor Vehicle Accident Report Form

INSURER _____ FMIL _____ POLICY # _____

Please complete all sections of the report in order to assist us in dealing with your claims as quickly and efficiently as possible.

Policy Holder _____

Address _____

Telephone Number (Home) _____ (Work) _____

Fax _____

INSURED VEHICLE

Registration Number _____ Make and Model _____

For what purpose was the vehicle being used? _____

Was it used with owner's permission? Yes No

DETAILS OF DRIVER

Name _____

Address _____

Telephone Number (Home) _____ (Work) _____

(Cell) _____ Fax _____

Date of Birth _____

Driving License # _____ Expiry Date _____

Permitted Class/es _____ Date passed test _____

Has driver been convicted of any motoring offences during last 5 years? Or are any charges being brought as a result of this accident? Yes No

Please give brief details _____

Has driver been involved in any accident in last 5 years? Yes No

Please give brief details _____

Damage to policy holder's vehicle: Brief description _____

(Please attach estimate if applicable)



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DETAILS OF ACCIDENT

Date _____ Time _____ Place _____

Describe accident in your own words _____

Did police attend? Yes No Please attach report if available

Name, relationship, and address/phone number of any passengers _____

Witnesses _____

THIRD PARTY DETAILS

Name of TP property owner _____ Phone Number _____

Details of TP property _____

Nature/extent of damage _____

THIRD PARTY INJURIES

Details _____

I/We declare that there is no other insurance in effect, which would cover this accident, and I warrant that to the best of my knowledge these statements are true. I understand that making a false statement in support of my claim will invalidate my claim under the policy, and may render me liable for criminal prosecution.

I/We agree that insurers may, at their option, undertake the settlement of any claim, suit, or action for damages that may be made against me/us in respect of the reported accident.

Signed _____ Date _____

This form was completed on my behalf by _____
of Freisenbruch-Meyer Group. I have read the completed document, and confirm that I agree with it's content.

Signed _____ Date _____



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SKETCH DETAILS HERE:

A large, empty rectangular box with a thin black border, intended for drawing or sketching details of the accident scene.