

Motor Vehicle Accident Report Form

POLICY # (if known) _____

POLICY HOLDER NAME: _____

Address _____

Telephone Number (Home) _____ (Work) _____

Cell/Mobile _____ Email _____

Best Method of Contact: _____

INSURED VEHICLE

Vehicle Registration Number _____ Make and Model _____

For what purpose was the vehicle being used? (personal/business/fare paying passengers) **CIRCLE ONE**

Was it used with owner's permission? Yes ☐ No ☐

DETAILS OF THE DRIVER AT THE TIME OF THE ACCIDENT

Name _____

Address _____

Telephone Number (Home) _____ (Work) _____

Cell/Mobile _____ Email _____

Date of Birth _____ Driving License # _____ Expiry Date _____

Permitted Class/es _____ *please provide us with a copy of your drivers license*

Approx. Date of the last time you passed the driving test _____

Has the **driver** been convicted of any motoring offences during last 5 years (including speeding)?

Please give details of speed, date & other descriptions such as reckless driving or how long driver was off the road:

Are any charges being **brought because of this accident**? Yes ☐ No ☐

If yes, please explain what the charges are or are expected to be:

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

If yes, please give details

DETAILS OF THIS ACCIDENT

Date _____ **Time** _____ **Place** _____

Please describe accident in your own words _____

Did police attend? Yes ☐ No ☐ Please attach report if available

Describe Damage to YOUR vehicle: _____

(Please attach repair estimate if applicable – we will also require photos of your damaged vehicle)

Name, relationship, and address/phone number of all passengers in your vehicle (of any age)

Name, relationship, and address/phone number of any witnesses that saw the accident as it happened:

LIST ALL THIRD PARTIES (T.P.) & THEIR DETAILS (please use another sheet if needed)

1. Name of T.P. property owner (e.g. of the other vehicle or a wall) _____

Phone Number _____ Email _____

What was the property damage? _____

Nature/extent of damage _____

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WAS THIRD PARTY INJURED? Y/N OR TAKEN BY AMBULANCE TO HOSPITAL? Y/N

Please describe what you could see/know of their injuries _____

2. Name of T.P. property owner (e.g. of the other vehicle or a wall) _____

Phone Number _____ Email _____

What was the property damage? _____

Nature/extent of damage _____

WAS THIRD PARTY INJURED? Y/N OR TAKEN BY AMBULANCE TO HOSPITAL? Y/N

Please describe what you could see/know of their injuries _____

DECLARATION

I/We hereby declare that, to the best of my/our knowledge and belief, the foregoing statements and those on supplementary documents and or pages, are fully and truly made.

I/We acknowledge and understand that any misrepresentation, fraudulent act, or statement made in support of my/our claim will lead to the claim being voided, and may result in criminal prosecution.

I/We confirm that/there is no other insurance policy in effect which would indemnify me/us for this Loss.

I/We agree that insurers may, at their option, make settlement of any claim, suit, or Action for Damages that may be made against me/us in respect of the above incident.

I/We give my/our consent for the processing of my personal and sensitive data to support this claim.

RESERVATION OF RIGHTS – I/We understand that whilst Insurers may continue to investigate, assess, and process this claim, this does not constitute an admission of liability, and Insurers continue to reserve their rights under the policy.

Signed by **POLICY HOLDER** _____ Date _____

Signed by **DRIVER** _____ Date _____



FREISENBRUCH-MEYER GROUP

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Use these signature boxes below, if someone at Freisenbruch Meyer completed this form on your behalf with your input only, otherwise please leave blank.

As this form was completed on my behalf by _____ of Freisenbruch-Meyer, I/We have read the completed document, **and I/We confirm that I/We agree with the content.**

Signed by POLICY HOLDER _____ Date _____

Signed by DRIVER _____ Date _____

SKETCH DETAILS OF ACCIDENT SITE HERE: