

WITNESSES

Name, address and telephone number

1
2
3

ACCIDENT DETAILS

Date, time and place accident occurred

Speed - KPH:

Before accident

KPH

Moment of Impact

KPH

Weather conditions?

Visibility?

Road surface?

Width of road?

Which vehicle lights were on?

Street lighting?

Did you give any warning? (e.g. hooter, indicator)

Police details

Name of officer who recorded details of accident

Police station

Police reference number

MALVERN

OB 192/3/2013

Was driver tested for alcohol or drugs?

N/A

Description of accident

VEHICLE WAS PARKED IN YARD ON 4/3/13
WHEN I GOT UP FOR WORK ON 5/3/13
AT 5 AM VEHICLE WAS NOT IN YARD.
ADT SECURITY FOUND VEHICLE
DAMAGED AND PARKED DOWN
NORTHLIFE RD MALVERN

PLEASE INDICATE CLEARLY THE POINT OF IMPACT AND INDICATE THE DIRECTION OF TRAVEL BY ARROWS
GIVE DETAILS OF ANY ROAD SAFETY SIGNS OR WARNING SIGNS IN VICINITY OF SCENE OF ACCIDENT

Now It's HERE

Now It's NOT

SKETCH OF ACCIDENT
(if necessary use separate page)

MY HOUSE



MY CAR



MY HOUSE



NO CAR



LICENCE INSPECTION

I have inspected the driver's licence and it is free of endorsements/endorsed as shown.

Signature

(Please attach copies of driver's licence and page 1 of driver's identity document.)

Capacity

DECLARATION

I/WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT.

I HEREBY AUTHORISE THE INSURANCE COMPANY TO OBTAIN THE POLICE ACCIDENT REPORT ON MY BEHALF.

Signature of driver

[Handwritten signature]

Date

5/3/13

Signature of insured

[Handwritten signature]

Capacity

OWNER

Date

5/3/13

NB It is important that you notify the insurer immediately should you become aware of any impending prosecution, inquest or demand.