

|                |                            |  |
|----------------|----------------------------|--|
| <b>WITNESS</b> | Name, Address and Tel. No. |  |
|                |                            |  |
|                |                            |  |

|              |  |        |             |                   |
|--------------|--|--------|-------------|-------------------|
| <b>THEFT</b> | Date, time and place of theft              | Date   | Time        | Place             |
|              | Was the vehicle left locked?               |        |             |                   |
|              | Who is now in possession of the keys?      |        |             |                   |
|              | Police station and reference no.           |        |             |                   |
|              | Vehicle engine and chassis no.             | Engine | Chassis no. | Colour of vehicle |
|              | If accessories stolen provide full details |        |             |                   |

|                 |   |  |                |                                  |  |
|-----------------|---|--|----------------|----------------------------------|--|
| <b>ACCIDENT</b> | Date, Time, Place of accident                                 | Date   | Time           | Place                            |  |
|                 | Speed   | Before accident  | kph            | Moment of impact                 |  |
|                 | a) Weather conditions<br>b) Visibility                        | a)   |                | b)                               |  |
|                 | a) Road surfaces<br>b) Width of road                          | a)   |                | b)                               |  |
|                 | a) Which vehicle lights were on?<br>b) Street lighting        | a)   |                | b)                               |  |
|                 | Was any warning given to you?<br>e.g. hooting, indicator etc? | Yes / No   | Please specify |                                  |  |
|                 | Police Details  | Name of Police/Traffic officer who recorded details of accident. |                | Police Station and Reference No. |  |
|                 | Was driver tested for alcohol?                                | Yes/No   | Result of test |                                  |  |
|                 | <b>DESCRIPTION OF ACCIDENT</b>                                |  |                |                                  |  |
|                 |   |  |                |                                  |  |
|                 |   |  |                |                                  |  |
|                 |   |  |                |                                  |  |
|                 |   |  |                |                                  |  |

|                           |  |
|---------------------------|--|
| <b>SKETCH OF ACCIDENT</b> | (If necessary use separate page)   |
|                           | Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in the vicinity of scene of accident. |

|                    |  |
|--------------------|--|
| <b>SUBROGATION</b> | I hereby subrogate, transfer and cede to the insurer any and all claims or causes of action of whatsoever kind and nature which I now have or may hereafter have, to recover against any person or persons as a result of the said occurrence and loss above - described. Also to recover on my behalf from such persons, my excess payment made as a result of the said occurrence. I agree that the insurer may enforce the same in such manner as shall be necessary or appropriate for the use and benefit of the insurer, either in its own name or in mine. I will furnish such papers, information, or evidence as shall be within my possession or control for the purpose of enforcing such claim, demand, or cause of action |
|--------------------|--|

|                    |   |
|--------------------|---|
| <b>DECLARATION</b> | I/We hereby declare the foregoing particulars to be true in every respect   |
|                    | Signature of Driver ..... Date .....  |
|                    | Signature of the Insured ..... Capacity ..... Date .....  |
|                    | N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. |