

WITNESSES	Name, Address and Phone No.		
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ACCIDENT	Date, Time, Place.		
	Speed?	Before accident kph	Moment of impact kph
	a) Weather condition? b) Visibility?	a)	b)
	a) Road surface. b) Width of road surface?	a)	b)
	a) Which vehicle lights were on? b) Street lighting.	a)	b)
	Was any warning given by you, e.g. hooting, indicator, etc.?		
	Police details.	Name of police/traffic officer who recorded details of accident	Police Station and Reference Number or Police Report
	Was driver tested for alcohol or drugs?		
	DESCRIPTION OF ACCIDENT		
	SKETCH OF ACCIDENT  (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 vicinity of scene of accident.	
LICENCE INSPECTED	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	We hereby declare the foregoing particulars to be true and complete in every respect.		
	Signature of driver ..... Date .....		
	Signature of insured..... Capacity..... Date.....		

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.