



STATE INSURANCE

COMPANY LIMITED

Live in a better State of mind

Redcliffe Street P.O. Box 290 St. John's Antigua. W.I.
(268) 481-7800/1/2/3/4 • info@siclfincial.com • siclfincial.com

MOTOR ACCIDENT REPORT FORM

(Please answer each question fully)

INSURED	Name of Insured		Claim No.....	
	Address.....		Policy No.....	
	Occupation		Period: From To.....	
	Tel. No. WorkHome.....			

DRIVER	Name of Driver.....		Age.....		
	Address.....		Tel.....		
	Relation to Insured : Employee Family Friend 				
	Was vehicle used with owner's permission?				
	Driving Licence Particulars:-				
	Licence Number	Date first Issued	last Renewal Date	Was it Ever Endorsed or suspended	Type of classes of Vehicles permitted to drive
	For what purpose was the vehicle being used?				
	Does the driver own a motor vehicle?				
	If so, name of Insurance Company				
Policy No..... Policy Period: From To.....					
Upon whose authority was the driver operating the vehicle?					
To the best of your knowledge did the driver consume any intoxicating beverage or substance?					
Prior to accident					

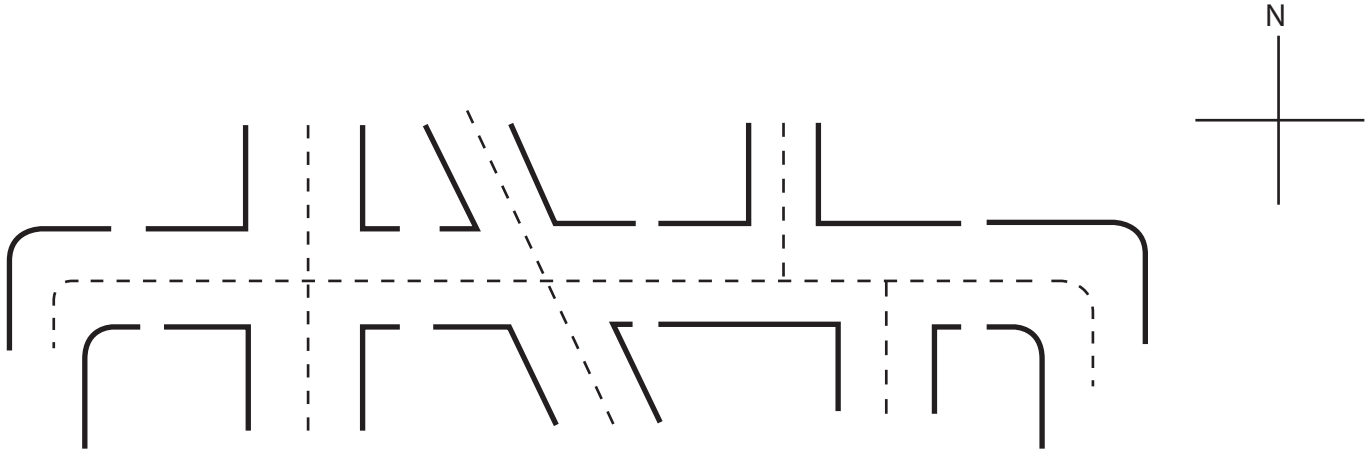
INSURED VEHICLE	Reg . No	H.P or C.C	Make	Year	Chassis & Engine No.	Sum Insured	Any physical modification or alteration since submission of last proposal form
Policy Excess							

ACCIDENT	Date of accident 20		Houra.m./p.m.	
	Accident Location			
	Direction Insured's Car		other car.....	
	Speed at time of accident.....		weather conditions	
	Were particular taken by Police Officer?			
	If so, name		Address of Police Station	

DAMAGE TO INSURED VEHICLE	Parts damaged and extent.....		
		
		
	Where may the vehicle be seen		
	Have you authorized repairs or and estimate to be prepared?		
Name of Garage.....		Tel No.....	

PARTICULARS OF OTHER VEHICLE/S	REG. No	Make	Year	Damage
	Is this vehicle under Hire Purchase Agreement ?.....			
If so, state name of Finance Company Amt. \$.....				
PARTICULARS OF T.P. OWNER/ DRIVER	Name	Address	Name	Address
DETAILS OF INJURY/IES, IF ANY	Name	Age	Nature of Injury	
WITNESSES	Name.....		Address.....	
	Name.....		Address.....	
	Name.....		Address.....	
DESCRIPTION OF ACCIDENT THEFT FIRE				

Complete the following diagram showing direction & positions of automobiles or property involved, designating clearly point of contact



NOTE	any notice, communication, writ or summons received by you from a lawyer must immediately be handed over to the company at the above address
I / We declare the foregoing particulars given are true in every respect	

.....
Signature of Driver
Other than insured

.....
Signature of Insured

Date of Report