



REGENCY ALLIANCE INSURANCE LIMITED

No. 65 Patrice Lumumba Road, Airport Residential Area, Accra.

MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE TO POLICYHOLDER

- (1) The Company does not admit Liability by the issue of this form.
- (2) Please answer EVERY question FULLY.
- (3) The information given on this form should be strictly ACCURATE, irrespective of whether it is in your favour or otherwise.

This will avoid unnecessary correspondence and consequent delay in the settlement of claims.
- (4) You should NOT make any payment, offer or promise of any payment or admit liability in anyway, as by so doing you may prejudice your position and make settlement a difficult matter.
- (5) In all cases where your vehicle is damaged and you are entitled to claim under the policy, please send at once to the Company an estimate for repairs.
- (6) The Company has to inspect the damaged vehicle before it gives instructions for repairs to be carried out.

EVERY ASPECT OF THIS DOCUMENT MUST BE COMPLETED AND SIGNED BY THE POLICY HOLDER.

THE INSURED

NAME:.....

- 1. (a) Address:.....
- (b) Occupation.....(c) Tel. No.(s):.....
- (d) Claimant's Phone No.:.....
- (e) Policy NO.:.....
- (f) Commencement Date of Insurance :.....(g) Renewal Date:.....

TICK APPROPRIATE COVER.

(a) Comprehensive (b) Third Party Fire & Theft (c) Third Party

VEHICLE DETAILS

- 2. (a) Make:.....(b) Model :.....
- (c) Registration NO.:..... (d) Year of Manufacture:.....
- (e) Chassis No.:.....(f) Cubic Capacity(CC):.....
- (g) Sum Insured:.....

3. (a) (i) Is The vehicle subject to Hire Purchase or Loan Agreement ?

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(ii) If so, state the name and address of the Finance Company.

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(b) If Claim is under a Motor Trade Policy give the name and address of owner of the vehicle

(c) State fully the purpose for which the vehicle was being used at the time of the accident

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(d) Was the vehicle being used with your knowledge and consent?

(e) Was the vehicle in proper order or condition at the time of the accident?

(f) If the claim is in respect of a Motor Cycle state whether a pillion rider was being carried at the Time of accident?

(g) State whether a trailer was attached to the vehicle.

(h) If a commercial vehicle:

(i) State nature of goods carried

(ii) The owner of the goods

(iii) Was the vehicle loaded to capacity?

(iv) What was the Weight of the goods carried

(v) Was the vehicle plying for hire or reward?

**THE
PERSON
DRIVING
AT THE
TIME OF
THE
ACCIDENT**

4. (a) Full Name:..... (b) Age:.....

(c) Address (d) Tel No:.....

(e) Profession:..... (f) Driving Licence No.

(g) Date Issued :..... Expiry Date:.....

(h) Date of Last renewal :.....

(i) Class of Driving Licence:.....

NB: ATTACH A PHOTOCOPY OF DRIVING LICENCE OF DRIVER TO THIS DOCUMENT.

**CIRCUM-
STANCES
OF THE
ACCIDENT**

5. (a) Date of occurrence :.....(b) Time:.....

(c) Exact Location of the Accident:.....

(d) Weather:.....

(e) Visibility:.....Metres/Yards

(f) Were the lamps on the vehicle lit?.....

(g) Speed limit (i) before the Accident:.....k. p. h.

(ii) at the time of the Accident:..... k. p. h

(iii) after the₂

Accident:.....k.p.h

- (h) Were you in the vehicle at the time of the accident?.....
If not, when was the accident reported to you?.....

- (j) Give full details of the nature and cause of the Accident (Damage or Theft or Fire)

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(attach a separate sheet of paper if more space is required)

- 6. (a) Give in details, the extent of all damages to the insured vehicle **DIRECTLY** due to the accident.

**DAMAGE
TO THE
INSURED
VEHICLE**

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- (b) Give in details, the extent of all damages to the **Third Party Vehicle** due to the accident.

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7. (a) Where can the vehicle be inspected?
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(b) If it is at the repairer's premises, give the name, address and telephone number(s)
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(c) If it is not at the repairer's workshop, when will the vehicle be taken to the Workshop?
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(e) Have you instructed the repairer to send an estimate for repairs to the Company?

8. (a) Has the accident caused any injury to person(s) ?

If so, give the following details:

(i) Injured persons in your vehicle:

Name	Address	Occupation	Nature of Injuries

**THIRD
PARTIES
INVOLVED
IN THE
ACCIDENT**

(ii) Injured persons in the other vehicle:

Name	Address	Occupation	Nature of Injuries

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(iii) Injured pedestrians:

Name	Address	Occupation	Nature of Injuries

(b) If any injured person has been removed to a hospital state the name of hospital

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(c) Was the Accident caused by a Third Party Vehicle... If so, state the:

(i) Make and Registration Number of the vehicle

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(ii) Name and address of the driver of this vehicle.....

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(iii) Name and address of the owner of this vehicle.....

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(iv) Name and address of the Insurance Company and Policy Number of this vehicle

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(v) Nature and extent of damage to this vehicle

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(d) Did the accident cause damage to property or other vehicles? If so, state the:

(i) Make and Registration Number of the vehicle

(ii) Name and address of the Insurance Company and Policy Number of this vehicle

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(iii) Give the name and address of the owner stating the type of property, the nature and extent of damage

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9. Were you the cause of the accident?
10. Has any claim been made upon you by the Third party
- If so, please despatch immediately to the Company unanswered, any written communications that you have received about the accident.

How many persons were in the vehicle at the time of accident?.....
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Give the following particulars about all witnesses to the accident: - Whether being conveyed in the Vehicle or not.

Was the accident reported to the Police?

If so, state:

- (i) Date reported:.....
- (ii) The name of the Police station:

The name of the Police Officer who took the particulars:

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Has any person involved in the accident been given a notice of intended prosecution by the Police?

If so, state details.

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I / We declare that the above statement is true in all respects to the best of my/our knowledge and belief and I/We hereby leave in the hands of the Company in accordance with the conditions of the Policy the conduct of all claims and litigation arising out of this accident and to which the Policy applies, to deal with, to prosecute and /or settle as they think fit without further reference to me/us and I/ we undertake to give all such information and assistance as the Company may require.

Date :.....Signature of Policyholder.....

SKETCH

Please make a sketch showing position of vehicles and persons concerned both before and after the Accident, showing the direction in which they were travelling.



POSITION BEFORE ACCIDENT

POSITION AFTER ACCIDENT