THE MARITIME FINANCIAL GROUP

MARITIME GENERAL INSURANCE CO. LTD.

Head Office: 29 Tenth Avenue, Barataria

MOTOR VEHICLE ACCIDENT REPORT FORM

PLEASE DO NOT DISCUSS THIS OCCURRENCE WITH ANYONE EXCEPT YOUR REPRESENTATIVE

Claim number:---------- **Applicable Excess:----------**

Agency / Agent / Broker----------

This form must be completed whether a claim is being made against the policy or not and returned to the Company immediately

THE INSURED

NAME …….…….... POLICY NO. ……..……

OCCUPATION ……..……CELL…….……...

EMPLOYER ……..……...FAX…….……..

BUS. ADDRESS …… PHONE ……...…….…...

RES. ADDRESS …….. PHONE ……...…….…...

IS THE INSURED VAT REGISTERED – IF YES, STATE REGISTRATION NO. ……...……..……

THE VEHICLE

MAKE & MODEL CHASSIS NO. ENGINE NO. REG. NO. SUM INSURED

……..…

……..…..

Is the vehicle subject to a Hire Purchase Agreement ( ) Bill of Sale ( ) Mortgage ( ) Other? ……...…….……..…

If so state Name & Address of Finance Company ……..……..…

Is the Premium Financed - (YES) (NO) If so state Company & Address……...…….…….

THE DRIVER

NAME OF DRIVER ……...…….. RELATIONSHIP TO INSURED ……..……...

OCCUPATION …….. EMPLOYER ……...……

BUS. ADDRESS……..…….. PHONE …….…….....

RES. ADDRESS ……..…….. PHONE ……..……..…

DRIVER'S PERMIT NO. …….…… ISSUE DATE …….. EXPIRY DATE ……...……...

DATE OF BIRTH …… CLASS OF VEH. LICENSED TO DRIVE ……...

Has driver any physical impairment? ……...……..

For what purpose was vehicle being used …….……..

Is Driver your paid Employee Yes ( ) No ( ) and for how long? ……..…

Is Driver Authorized by Insured to drive vehicle? ……..……..…

Has Driver been involved in any accident within the past three years? Yes ( ) No ( ) If yes, state particulars.

DATE …… VEH. NO. ……..…… INS. CO. ……...……..……..

Is the driver Insured in his own name in respect of any other motor vehicles? Yes ( ) No ( )

If yes, state particulars: INS. CO. ……..…… POLICY NO. ……...……

THE OCCURRENCE

DATE OF ACCIDENT /LOSS …….…….. 20 …… TIME ……..….. AM/PM

LOCATION ……

DIRECTION OF INSURED'S CAR …….. DIRECTION OF OTHER CAR …… SPEED ……..

ROAD SURFACE CONDITION: WET ( ) DRY ( ) WEATHER CONDITION: RAINY ( ) SUNNY ( ) DARK / NIGHT ( )

WAS THE AREA LIT? : YES ( ) NO ( ) (STREET LIGHTS) IF OTHER, PLEASE STATE……...……

TO WHICH POLICE STATION WAS THE ACCIDENT/LOSS REPORTED ……..……

POLICE OFFICER'S NAME, NO. & RANK? ……..

THIRD PARTY PROPERTY DAMAGE

OWNER: NAME RES./BUS.ADDRESS PHONE

1) ……...……

2) ……...……

DRIVER: NAME RES./BUS.ADDRESS PHONE

1) ……...……

2) ……...……

MAKE & MODEL OF VEHICLE REGISTRATION NO. T/PARTY INSURER COVERAGE/POL. NO.-

1) ……...……

2) ……...……

EXTENT OF DAMAGE

1) ……...……

2) ……...……

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

THIRD PARTY BODILY	NAME AGE RES.ADDRESS PHONE 1) …… 2) …… 3) ……
	OCCUPATION EMPLOYER BUS. ADDRESS PHONE 1) …… 2) …… 3) ……
	NATURE & EXTENT OF INJURIES ATTENDING PHYSICIAN AND/OR HOSPITAL 1) …… 2) …… 3) ……
DAMAGE TO YOUR OWN AUTOMOBILE	Details of damage …… …… Has Estimate been prepared:? Yes ( ) No ( ) Can Vehicle be driven? Yes ( ) No ( ) Where is vehicle located? ……
OCCUPANT(S) OF INSURED'S AUTOMOBILE	NAME AGE RES.ADDRESS PHONE 1) …… 2)……
OCCUPANT(S) OF OTHER AUTOMOBILES	1) …… 2) ……
WITNESSES	1) …… 2) ……
SKETCH	**SHOW DIRECTION & POSITION OF AUTOMOBILES INVOVLED, DESIGNATING CLEARLY POINT OF CONTACT.** Indicate by arrow direction of north. N W E S
DESCRIPTION	…… …… …… …… …… …… …… …… …… In your opinion who was at fault? …… Did such person admit responsibility ……

I /WE AGREE THAT THE CHOICE OF REPAIRER IS AT MY/OUR SOLE DISCRETION AND MARITIME GENERAL INSURANCE COMPANY LIMITED WILL NOT ACCEPT RESPONSIBILITY FOR ANY DECISION SO TAKEN OR QUALITY OF WORK DONE BY CHOSEN REPAIRER.

I/WE DECLARE THAT THE ABOVE PARTICULARS ARE TRUE & CORRECT TO THE BEST OF MY OWN KNOWLEDGE & BELIEF.

Date of Report …… **20** …… **Signature of Driver** ……

Signature of Insured …… **Date** ……