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MOTOR ACCIDENT REPORT FORM

Notice to Policyholders:

Our solicitors have advised that in the event of an injury to a Third Party or damage to his property, you should supply the information set out below so as to enable us and our Solicitors to give advice thereon and conduct any litigation which may ensue.

It is necessary that great care should be taken in completing this form and the information given therein should be strictly accurate, irrespective of whether it is in your favour or otherwise. 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.

**KWAME OFORI
EXECUTIVE DIRECTOR**

POLICY No.....
RENEWAL DATE.....

Name of Insured.....
Address..... Email.....
Occupation..... Tel.....

PARTICULARS OF MOTOR VEHICLE CONCERNED:

Registration No. Make Model..... Year of Make.....

Is the vehicle the subject of a hire purchase or loan agreement? Yes / No

If so state name of finance company or lending organisation.....

If claim is under a Motor Trade Policy give name and address of owner of vehicle.....

State fully the purpose for which the vehicle was being used. (It is not sufficient to state "Business" or "Private")

Was the vehicle being used with your consent? Yes / No

PARTICULARS FOR PERSON DRIVING AT THE TIME OF ACCIDENT:

Full Name Address
Age Occupation Telephone No.
Driving Licence No. Date of Issue:
For what group of vehicle has the licence been issued:
Has the driver ever been convicted of any motoring offence? Yes / No.
If so give details:
State whether the person driving at the time of accident was: (a) The Owner
(B) An employee (c) Relative or friend?
If an employee, how long has he been in your employment as a driver?
If owner was not driving, state whether the person driving owns a vehicle himself? Yes / No.
If so state name and address of the Insurer of the person driving and number of Policy held by him/her
.....

CIRCUMSTANCES OF ACCIDENT:

Date of incident:, 20..... Time of incident: a.m./p.m.
Exact location of incident:
Speed of vehicle:
If after lighting up time, what lights lit on your vehicle?
How many persons were in your vehicle at the time of the accident?
If you were not in the vehicle, when was accident reported to you?
Give full description of how the accident happened:
.....
.....
.....
.....
.....
.....
.....

(Use reverse of form if more space is required)

In your opinion was the accident caused by your driver? If not, by whom?
Damage to your vehicle.....
.....

Where can the vehicle be seen?
Name and address of nearest repairers:

THIRD PARTIES INVOLVED IN ACCIDENT:

Name and address of persons injured and the extent of their injuries:
Injured person in your vehicle:
1. 2.
3. 4.

Injured persons in the other vehicle
1. 2.
3. 4.

Injured Pedestrians:
.....

State details of other vehicle involved : Regd. No. Make
Model:

	Driver	Owner
Name
Phone Number
Office Address
Residential Address

State name and address of Insurer of this vehicle and policy number
.....

Details of damage to this vehicle:
Have any claims been made against you? Yes/No If so, state particulars below and note that any letter or communication received by you must be forwarded immediately unanswered, to this Company
.....

Has any person involved in the accident been given notice of intended prosecution by the Police? Yes/No
If so, state details

Witnesses:
1.
2.
3.

State names and addresses of any independent witness:
1.
2.
3.

Was the accident reported to the Police? Yes/No. If so, state date reported and at which police station
.....
Name Police Officer who took particulars:

Do you hold more than one policy indemnifying you in respect of this accident? Yes/No.
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 Policy Holder:
The Company does not admit liability by the issue of this form.

SKETCH

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

POSITION BEFORE ACCIDENT

POSITION AFTER ACCIDENT

For Enterprise Insurance Staff Only

OFFICIAL VALIDATION

I,, of branch
acknowledge receipt of this form and verify that it has been properly and duly completed.

.....
Signature

.....
Date