M & C General Insurance Company Ltd. Head Office: 9-11 Bridge Street, P. O. Box 99, Castries St. Lucia, W.I.

MOTOR VEHICLE ACCIDENT REPORT PRIVATE & CONFIDENTIAL

Policy No	Claim No						
Insured	_						
Address	Telephone						
Profession/Occupation							
Employer	Telephone						
DRIVER'S NAME	Data of Disth						
Address							
Profession/Occupation							
Employer							
Driver's Permit No Date first issued							
Class of vehicle licensed to drive							
Particulars of Convictions							
Does the driver have any physical impairment? YES	NO						
If 'YES', please describe							
Does the driver own a motor vehicle or motor cycle?	NO						
Name of Insurer							
Relationship of driver to Insured							
Upon whose authority was the driver operation the vehicle?							
Was the driver injured? YES	NO						
If 'YES', state nature of injuries							
Was the driver wearing a seat belt? YES PARTICULARS OF INSURED VEHICLE	NO						
Vehicle Registration No Make	Body Type						
At the time of the accident, was the vehicle being used for social, domestic or pleasure purposes? YES NO							
If for business purposes, please state whose business and what goods were carried							
Number of persons (excluding driver) in the vehicle							
Does anyone else have a financial interest in the vehicle? YES NO							
If 'YES', whom and their interest Is the damage to the vehicle:- Severe Slight Front end Rear end	<u></u>						
SIDE- Left Right							
Details of Damage							
Where can the vehicle be inspected? Estimated co							
Repairer's Name T							
,	NO						
REPAIRER'S ESTIMATE SHOULD ACCOMPANY THIS PARTICULARS OF THIRD PARTY VEHICLE	Г ОКМ						
Vehicle Registration No Make Body Type	Colour						
Owner's Name Address							
Driver's Name Address							
Coverage – Comprehensive Third Party Third Party Fire & Theft Is the damage to the Vehicle Severe Slight Rear end Side – Left Right							
Details of Damage							
Was there any other property damage? YES	NO						

Describe							
				your vehicle; 2 –	passenger in other vehicle		
N	IAME	ADDRES	S		CODE DETAILS	S OF INJURIES	
ADTICIII A	ARS OF THE ACCIDENT						
			Time	a m	p.m		
	accident occurred						
	ur vehicle immediately prid						
	nditions						
	our vehicle on the road pr			Centre	Right		
	stance from Curb				_ 0		
/ho in your	opinion was at fault?						
ame & Nur	mber of Police Officer takin	ng particulars					
ddress of F	Police Station			Dat	e Reported		
as any wa	rning given by the Police t	hat you might be pros	ecuted?	YES	NO		
WITNE	SSES (Use code to indic	ate whether; 1 – passe	enger in your vehicle; 2	– an independen	t witness)		
	NAME		ADDRES	ADDRESS		CODE	
		'			1		
		GIVE A COMPLETE	STATEMENT & DESC	RIPTION OF THE	ACCIDENT		
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THIS SPACE FOR SKETCH

I/We declare the foregoing particulars to be true to the best of my knowledge. I hereby authorize Insurers to deal with all matters arising from this incident in their discretion and if they deem it expedient, to admit liability and/or negligence on my/our behalf in connection with any claims or legal proceedings.						
Date	Signature					
	Signature of Driver					