

# MOTOR ACCIDENT REPORT FORM

## IMPORTANT NOTES:

1. All questions must be answered in full, in BLOCK letters, in your own handwriting or to your dictation.
2. The issuing of this form is not to be taken as an admission of liability by the insurers
3. Do not answer communications about this accident. Direct this to the Insurance Company for action.

Neither owner nor driver may admit fault or liability for this accident.

Repairs must not be authorised without prior authority of the Insurance Company.

CLAIM NO.

INTEMDIARY'S REF. NO.

### 1. INSURED-(MACMILKA)

Magaca macmiilka

Name of Insured in full

Cinwanka

Address

Telefon ka xafiska

Telephone - Office

Guriga

House

Telefon ka

Mobile

Email

Shaqada /Nuuca Ganacsiga

Occupation/nature of business

### 2. POLICY

Nambarka sharciga

Policy no.

Goorma ayu dhacaya Sharcigu

When does the Policy expire?

### 3. PARTICULARS OF THE VEHICLE-NUUCA GADHIGA

Nuuca Gadhiga

Make/model

wakhtiga gadhiga laso saray

When was the vehicle manufactured?

H.P./C.C.

Vehicle registration no.

Name and address of owner

### 4. USE

State exact purpose for which the vehicle was being used at the time of the accident

**5. COMMERCIAL VEHICLE(S) -GAADIDKA GANACSIGA QADA**

Description of goods being carried

Name of owner of goods

Was the trailer attached? Yes  No

Weight of load - Vehicle  Trailer

**6. DRIVER-DARAWALKA**

Name and address of driver

What is the driver's date of birth?

Telephone - Office  Mobile

Is the driver employed by you? Yes  No

Yes

Was the driver in anyway to blame for the accident? Did the driver admit liability? Yes  No

Yes  No

Has the driver had previous accidents? Yes  No

Yes  No

*If 'Yes' how many and approximate dates d approximate dates*

**7. ACCIDENT-DHACDADA**

When did the accident occur?  Time of accident  am/pm

Place of accident

Type of road surface  Visibility  Wet/dry

What lights were showing on your vehicle?

What warning did your driver give?

Estimated speed before accident occurred  km/hr Weather conditions

Did Police take particulars? Yes  No

If 'Yes' Constable's/Officer's Police no. and station

To which Police Station was the accident reported?

*Attach copy of Notice of Intended Prosecution if any*

**8. PLAN OF ACCIDENT-GOObTA DHIBTU KA DHACDAY**

Draw a sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, speed marks, pedestrian crossing and any other relevant information.

**9. STATEMENT BY DRIVER-ODHAHDA DARAWALKA**

Signature of Driver \_\_\_\_\_

**10. STATEMENT BY OWNER OR INSURED-ODHAHDA MULKILAHA GADHIGA /LACAYMIYAHA**

**11. DAMAGE TO INSURED VEHICLE -DHIBTA SO GADHAY GADHIGA CAYMISAN**

State briefly apparent damage

*(In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to The Amanah Insurance Company of Somalia/land an estimate for repairs.)*

Name and address of repairer

Telephone

Is the vehicle still in use? Yes  No

When and where can it be inspected?

**12. OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED-DHIBTA SO GADHAY HANTI KALE**

Name and address of owner	Registration No.	Insurer & Policy No.	Certificate No and \$cost	Extent of damage

Name and address of driver

**13. PERSONS INJURED-DHIBTA DHAWAC NAFEEED**

Name and address	Relation to Insured	If driver or Passenger	Registration No. of vehicle Boarded	Apparent Injuries

**14. INDEPENDENT WITNESSES-MARKHATIYASHA**

Name	Address

**15. PASSENGERS IN YOUR VEHICLE-DADKA SAARAN GADHIGA KA CAYMISAN AMANAH INSURANCE**

Name	Address

**DECLARATION-CADAYIIN**

I declare that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Date \_\_\_\_\_ Signature of Insured \_\_\_\_\_

