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(YES / NO)
ed details of accident
Police Station
Was the driver tested for alcohol/drugs? (YES / NO)
Reference no

Full Description of Accident

Grid of vertical lines for text entry

Sketch of Accident

(Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.)

Large empty rectangular box for sketching the accident scene.

DECLARATION

We hereby declare all particulars to be true in every respect.

Signature of InsuredDate.....

Signature of Driver (if not Insured)..... Date.....

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.