

MAYFAIR INSURANCE COMPANY (UGANDA) LIMITED

2nd FLOOR, PLOT 9, YUSUF LULE ROAD

P.O.BOX 34447, KAMPALA

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IMPORTANT NOTICE

1. No liability under the policy by issue of this form
2. Neither Owner nor driver must admit fault or liability for this Accident
3. Do not answer communications about this Accident, but sent them to the Insurers for consideration
4. All questions on this form must be answered
5. Repairs must not be authorised without prior authority of the Insurers

MOTOR ACCIDENT REPORT FORM

Insurers Claim No:

Brokers Ref. No.

POLICY HOLDER	Name.....Tel. No..... Address..... Business/Occupation.....
POLICY	NumberExpiry date..... Name of hire purchase or finance company.....
VEHICLE	Make & Model HP/CC Year of Manufacture..... Reg. No. of vehicle Carrying capacity..... Reg. No. of Trailer Carrying capacity..... Name and Address of Owner.....
USE	State the exact purpose for which the vehicle was being used at the time of the accident.....
COMMERCIAL VEHICLES	Description of goods being carried Name of owner of goods Was a trailer attached Weight of load on (a) Vehicle..... (b) Trailer's.....
DRIVER	NameOccupationActual Date of Birth..... Address..... Tel. No..... Is he employed by you?..... How long has he been in your service?..... Was he driving with your permission?.....How long has he been driving motor vehicles?..... Was he in any way to blame for the accident?Did he admit liability?..... Has he had any previous accident?..... If so, how many, and approximate date?..... Has he any conviction for any offence in connection with any motor vehicle or any charges pending? If so, give details including dates.....

<p>ACCIDENT</p>	<p>Date Time..... a.m./p.m. Place.....</p> <p>Type of road Surface..... Visibility Wet or Dry?.....</p> <p>What lights were showing on your vehicle?.....</p> <p>What warning did your driver give?.....</p> <p>Estimated speed before accident Weather Conditions.....</p> <p>Did Police take particulars?..... If so, give Constable's number and station.....</p> <p>.....</p> <p>To which Police Station was the accident reported.....</p> <p>Attach copy Notice of Intended Prosecution of any.....</p> <p>.....</p>
<p>PLAN OF ACCIDENT</p>	<p>Draw sketch (stating measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossings and other relevant information.</p>
<p>STATEMENT BY DRIVER</p>	
<p>STATEMENT BY OWNER OR POLICY HOLDER</p>	<p style="text-align: right;">Signature of Policyholder.....</p>

DAMAGE TO INSURED VEHICLE	<p>State briefly apparent damage.....</p> <p>.....</p> <p>(In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the Insurers an estimate for repairs).</p> <p>Repairer's name and address</p> <p>..... Tel No.....</p> <p>Is the vehicle still in use? When and where can it be inspected?</p> <p>.....</p>
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OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED	Name and address of Owner	Reg. No.	Name of Insurer	Other property damaged

	Name and address of driver/owner			

PERSONS INJURED	Name and Address	Relationship to the Policyholder	If Driver or Passenger Reg. No. of Vehicle	Apparent injuries

INDEPENDENT WITNESS	Name	Address

PASSENGERS IN YOUR VEHICLE	Name	Address

	<p>I DECLARE that these particulars are true and undertake to forward immediately (and unanswered) any correspondence relating to this accident</p> <p>Date: Signature of Policy holder:.....</p>
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