



MARITIME GENERAL
INSURANCE CO. LTD.

MOTOR VEHICLE ACCIDENT REPORT FORM

Head Office: 29 Tenth Avenue, Barataria

PLEASE DO NOT DISCUSS THIS OCCURRENCE WITH ANYONE EXCEPT YOUR REPRESENTATIVE

Claim number:----- Applicable Excess:-----

Agency / Agent / Broker-----

This form must be completed whether a claim is being made against the policy or not and returned to the Company immediately

THE INSURED	NAME POLICY NO. OCCUPATION EMAIL ADDRESS..... EMPLOYER CELL..... BUS. ADDRESS PHONE RES. ADDRESS PHONE IS THE INSURED VAT REGISTERED – IF YES, STATE REGISTRATION NO.																								
THE VEHICLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;"><u>MAKE & MODEL</u></td> <td style="width: 20%;"><u>CHASSIS NO.</u></td> <td style="width: 20%;"><u>ENGINE NO.</u></td> <td style="width: 20%;"><u>REG. NO.</u></td> <td style="width: 20%;"><u>SUM INSURED</u></td> </tr> </table> Is the vehicle subject to a Hire Purchase Agreement () Bill of Sale () Mortgage () Other? If so state Name & Address of Finance Company Is the Premium Financed - (YES) (NO) If so state Company & Address.....	<u>MAKE & MODEL</u>	<u>CHASSIS NO.</u>	<u>ENGINE NO.</u>	<u>REG. NO.</u>	<u>SUM INSURED</u>																			
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THE DRIVER	NAME OF DRIVER RELATIONSHIP TO INSURED OCCUPATION EMPLOYER BUS. ADDRESS PHONE RES. ADDRESS PHONE DRIVER'S PERMIT NO. ISSUE DATE EXPIRY DATE DATE OF BIRTH CLASS OF VEH. LICENSED TO DRIVE Has driver any physical impairment? For what purpose was vehicle being used Is Driver your paid Employee Yes () No () and for how long? Is Driver Authorized by Insured to drive vehicle? Has Driver been involved in any accident within the past three years? Yes () No () If yes, state particulars. DATE VEH. NO. INS. CO. Is the driver Insured in his own name in respect of any other motor vehicles? Yes () No () If yes, state particulars: INS. CO. POLICY NO.																								
THE OCCURRENCE	DATE OF ACCIDENT /LOSS 20 TIME AM / PM LOCATION DIRECTION OF INSURED'S CAR DIRECTION OF OTHER CAR SPEED ROAD SURFACE CONDITION: WET () DRY () WEATHER CONDITION: RAINY () SUNNY () DARK / NIGHT () WAS THE AREA LIT? : YES () NO () (STREET LIGHTS) IF OTHER, PLEASE STATE..... TO WHICH POLICE STATION WAS THE ACCIDENT/LOSS REPORTED POLICE OFFICER'S NAME, NO. & RANK?																								
THIRD PARTY PROPERTY DAMAGE	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">OWNER:</td> <td style="width: 25%;"><u>NAME</u></td> <td style="width: 40%;"><u>RES./BUS. ADDRESS</u></td> <td style="width: 20%;"><u>PHONE</u></td> </tr> <tr> <td>1)</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>2)</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>DRIVER:</td> <td><u>NAME</u></td> <td><u>RES./BUS. ADDRESS</u></td> <td><u>PHONE</u></td> </tr> <tr> <td>1)</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>2)</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </table>	OWNER:	<u>NAME</u>	<u>RES./BUS. ADDRESS</u>	<u>PHONE</u>	1)	2)	DRIVER:	<u>NAME</u>	<u>RES./BUS. ADDRESS</u>	<u>PHONE</u>	1)	2)
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PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

