

MOTOR VEHICLE ACCIDENT REPORT FORM

INSURED	DRIVER
Policy No : _____	Name : _____
Expiry Date : _____	Address : _____
Insured(s) Name : _____	Occupation : _____
Address : _____	Relation to Insured : _____
Occupation : _____	Nationality : _____
Nationality : _____	Age : _____ D.O.B (dd/mm/yyyy) : _____
Age : _____ D.O.B (dd/mm/yyyy) : _____	Tel No : _____ Fax No : _____
Tel No : _____	License No : _____ Type : _____ (Please attach copy of the Drivers License)
Mobile No : _____	License Expiry Date : _____ License Issue Date : _____

VEHICLE (Attach Car registration/Mulkiya Copy)

Make & Model : _____ Year of Manufacture : _____ Plate No : _____
Chasis No : _____ Colour : _____ Date of First Registration & New : _____

ACCIDENT

Place : _____ Time : _____ Date : _____

Was a police report issued: YES / NO Name of Police Station : _____
If not issued, Reason : _____

Are you liable according to the Police Report: YES / NO Are you summoned to the court? YES / NO

For what purpose was the vehicle being used at the time of accident? _____
How did the accident happen? _____
Details of Amount Recovered from Third Party : _____

Describe the damage to your vehicle / or attach estimates : _____

Details of other vehicle (Make & Model) _____ Plate No : _____
Describe in detail the damages to Third Party vehicle &/or property (if Any) : _____

Contact Details of Third Party : _____ Tel No : _____

Was any person injured? YES / NO
(If yes, please provide details with name
& your relationship

	Names	Relationship
Own Passengers	1	
	2	
	3	
Others	1	
	2	
	3	

DECLARATION

I declare that these particulars are true and the submission of this claim form does not constitute admission of liability on the part of RSA Insurance.

Signature of Insured &/or Driver

Date : _____

