

INSURED

Full Name:

Address:

ACCIDENT

Location:

Date: Time:

Did you actually see the occurrence? Yes / No

Do you know any of the parties involved? Yes / No

If 'Yes' who?

What was the condition of the road?

Please give approximate speeds of the vehicles involved: Our Client:

Other Party (1): Other Party (2):

Please describe the weather conditions:

Please describe how the accident occurred:

Who, in your opinion, was to blame and why?

Was liability admitted by any parties? Yes / No

If 'Yes' what was said?

What road signs, if any, were there?

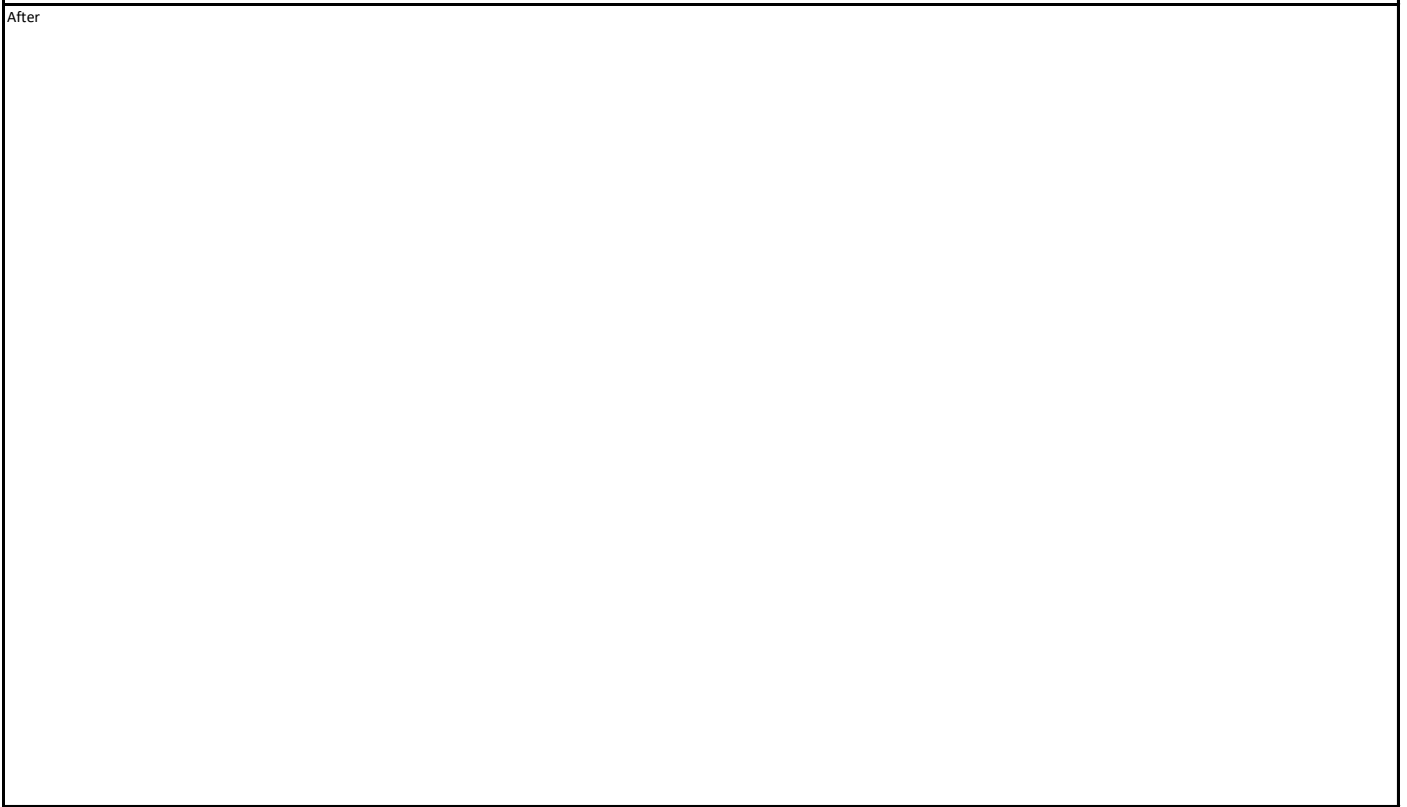
ENSURE YOU HAVE COMPLETED BOTH SIDES OF THIS FORM

Please sketch a plan of the scene showing road signs & markings etc where possible:

Before



After



YOUR DETAILS

Name

Address

Occupation

I confirm that the forgoing particulars are accurate and true to the best of my knowledge and belief.

Date:

Signature of Witness: