



SAHAN INSURANCE
Motor Accident Report Form

Claim No.: _____ Intermediary Ref. No.: _____

1. Insured Details

Full Name: _____

Address: _____

Telephone (Office): _____

Mobile: _____

Email: _____

Occupation / Business: _____

2. Policy Details

Policy No.: _____

Expiry Date: ___ / ___ / ___

3. Vehicle Details

Make / Model: _____

Year Manufactured: _____

Registration No.: _____

Owner Name & Address: _____

Engine / HP / CC: _____

4. Vehicle Use

Purpose at time of accident: _____

5. Commercial Vehicle Details

Goods Description: _____

Owner of Goods: _____

Trailer attached? Yes No

Load Weight: Vehicle _____ Trailer _____

6. Driver Details

Name & Address: _____

Date of Birth: ___ / ___ / ___

Mobile: _____

Employed by insured? Yes No

Previous Accidents? Yes No

- If yes, provide dates: _____

Driver at fault? Yes No

Admitted Liability? Yes No

7. Accident Details

Date & Time: ___ / ___ / ___ - _____

Place of Accident: _____

Road Type / Surface: _____

Vehicle Lights On: _____

Driver Warning: _____

Estimated Speed: _____

Police Involved? Yes No

- Officer Name & Station: _____



Weather Conditions: Wet Dry

8. Accident Sketch

(Draw approximate positions, directions, traffic signs, pedestrian crossings, etc.)

9. Statements

Driver Signature: _____

Owner / Insured Signature: _____

10. Damage to Insured Vehicle

Description of Damage: _____

Repairer Name & Address: _____

Telephone: _____

Vehicle Still in Use? Yes No

Inspection Date & Location: _____

11. Other Vehicles / Property Damage

Owner Name & Address: _____

Registration No.: _____

Insurer & Policy No.: _____

Extent of Damage: _____

12. Injured Persons

Name & Address: _____

Relation to Insured: _____

Vehicle Boarded: _____

Apparent Injuries: _____



13. Witnesses

Name & Address: _____

14. Passengers in Your Vehicle

Name & Address: _____

15. Declaration

I declare that the information provided is true and correct. I undertake to forward any correspondence relating to this accident immediately.

Date: _____ Signature of Insured: _____