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POLICY NO: _____

CLAIM NO: _____

MOTOR ACCIDENT REPORT FORM.

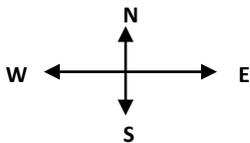
1.	(a) Name of Insured: _____							
	(b) Address _____							
	(c) Occupation _____						Telephone No _____	
	(d) Inception Date _____				Branch _____			
2.	(a) VEHICLE INSURED PARTICULARS							
	Make	Reg No.	C.C.	Year of make	Engine Number	Chassis Number	Mileage covered	Purpose being used.
	(b) If commercial type of use:							
	Own Goods	Goods Only		General Cartage	Taxi/Bus	If Taxi/Bus How many passengers		
3.	DRIVER AT THE TIME OF ACCIDENT							
	(a) Name: _____				Age: _____			
	(b) Address: _____							
	(c) Is Driving Licence in force? _____						If yes, which category? _____	
	(d) Driving Licence No: _____				Has it been endorsed? _____			
	(e) Date of issue: _____		Date of Expiry _____		Place of Issue _____			
	(f) Is it a Learners Permit? _____ If so, Number _____ Period _____							
	(g) Relation of Driver to insured: _____						If Paid Driver, for how long employed _____	
	(h) Does Driver own Vehicle? _____							
	(i) If so, Name and Address of Insurers _____							

4. PARTICULARS OF ACCIDENT

- (a) Date: _____ Time: _____
- (b) Exact Location of Accident: _____
- (c) Road Condition: _____ Weather Condition: _____
- (d) Speed of your Vehicle: _____ Condition of Brakes _____
- (e) if object collided with was moving what direction was it going? _____
- (f) Address of Police Station accident was rejected: _____
- (g) No of persons in (i) Insured's Vehicle: _____ (ii) the other vehicle _____

5. FULL DESCRIPTION OF ACCIDENT:- Full statement of the Driver may be on a separate sheet

Sketch: please show point of impact and position of Vehicles and persons concerned at the time of accident
Indicates by arrow direction they were travelling.



6. (a) WITNESS (b) Occupants of your Vehicle

(a) WITNESS		(b) Occupants of your Vehicle	
Name	Address	Name	Address

7. DAMAGE TO INSURED'S VEHICLE:

- (i) Full details of Damaged Parts: _____

- (ii) Present Location of Vehicle: _____
- (iii) Rough Estimate of Repairs: _____
- (iv) Repairer's Name and Address: _____
- (v) Attach Inventory of damaged vehicle: _____

8. THIRD PARTIES INVOLVED IN THE ACCIDENT:

(a) Name: _____
(b) Address _____
(c) Type of Property/ Injury _____
(d) If Vehicle Make: _____(ii) Reg No. _____(iii) year of Make _____
(iv) Is Owner Insured:- _____ (v) If Yes: Policy No:- _____
(vi) Name and Address of Insurers:- _____

If notice of third party claim has been given verbally or in writing, give full particulars:-

**IF ANY WRITTEN COMMUNICATION IS RECEIVED, PLEASE FORWARD
IT IMMEDIATELY UNANSWERED.**

9. DECLARATION:-

I/We declare the foregoing particulars to be true and I/We hereby authorize the STACO Insurance Plc and/or their Legal representatives to deal with all matters arising from this accident in their direction and if they deem it expedient to admit liability and/or negligence on the part of my/ourselves and/or of my/our servants or agents.

Signature of Driver: _____ Date _____

Signature of Insured: _____ Date _____

(If Limited Company, give status of Signatory)

PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED.

(The Company does not admit liability by the issue of this form)