



GUARANTY TRUST ASSURANCE PLC

RC 133276

Head Office: Plot 928A, Bishop Aboyade Close, Victoria Island, Lagos Tel.: 01-2701560-5 Fax 01- 4613284

POLICY NO _____

1. MOTOR ACCIDENT REPORT FORM

(a)	Name of Insured _____
(b)	Address _____
(c)	Occupation _____
(d)	Mobile phone _____
(e)	Telephone no _____

2. VEHICLE PARTICULARS

MAKE	REG. NO.	ENG. NO.	CHASSIS NO.	PURPOSE BEING USED

3. DRIVER'S DETAILS

(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 Learner's Permit? _____ If so, number _____ Period _____.

4. DETAILS OF ACCIDENT

(a) Date _____ Time _____

(b) Exact location of accident _____

(c) Speed of vehicle _____ .Weather condition _____

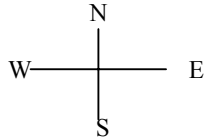
(d) Address of Police Station accident was reported _____

(e) No. of person in (i) Insured's vehicle _____ (ii) The other vehicle _____

5. DESCRIPTION OF ACCIDENT (If space provided is not sufficient, please write on extra sheet and attach to the Claim form with name, signature and date)

SKETCH:

Please show point of impact and position of vehicles and persons concerned at the time of accident; indicate by arrow which direction they were travelling



6. (A) WITNESS

(b) Occupants of your vehicle

Name	Address	Name	Address

7. **DAMAGE TO INSURED VEHICLE**

(i) Full details of damaged parts _____

(ii) Present location of vehicle _____

(iii) Rough estimate of repairs _____

(iv) Repairers Name and Address _____

8. **THIRD PARTIES INVOLVED IN THE ACCIDENT**: full details of other third parties involved may be on separate sheet

(i) Name _____

(b) Address _____

(c) Type of property/injury _____

(d) If vehicle, (i) Make _____ Reg. No. _____

(e) Present Location of vehicle _____

(f) Is owner Insured _____ (ii) If Yes; policy No. _____

(g) Name and address of Insurer _____

If notice of Third party claim has been given verbally or in writing, please give full particulars

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

9. **DECLARATION**

I/We declare the foregoing to be true and I/We hereby authorise **GUARANTY TRUST ASSURANCE LIMITED** and /or their Legal representatives to deal with all matters arising from this accident at their discretion and if they deem it expedient to admit liability and/or negligence on the part of myself/our servant 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)**