

CLAIM NO. M _____

NIGERIAN AGRICULTURAL INSURANCE CORPORATION

HEAD OFFICE: Plot 590, Zone A, O Central Area P. O. Box 3754, Garki - Abuja

MOTOR ACCIDENT REPORT FORM

Name of Insured _____

Address _____

Occupation _____ Telephone NO. _____

Policy NO. _____ Where Issued _____

INSURED VEHICLE CONCERNED IN THE ACCIDENT

Make	H.P. or C.C.	Year of Make	Registered Letters and Numbers	What category of licence?	For what purpose was vehicle being used

If claim is under a Motor Trader's Policy, give Name and Address of Owner of vehicle _____

Does Insured own more than one vehicle? _____ If so, how many were in use on day of accident? _____

DRIVER

Name, Age and address of _____ Name _____ Age _____

Person driving at time of accident Address _____

Does he/she hold Licence? _____ What is its category? _____ When does it expire _____

Has he/she been convicted of any motoring offence? _____

How long has he/she been driving (a) this type of vehicle? _____ (b) any other type of vehicle? _____

State whether the person driving at the time of the accident is (a) the Owner; (b) his employee;

© relative or friend? _____

If employee, how long has he been in the employment? _____

If Owner was not driving-state whether the person driving at the time of the accident own a vehicle himself _____

If so, state name and address of Insurers _____

CIRCUMSTANCES

Date _____ 20 _____ Time _____ a.m./p.m.

Was vehicle in use with Insured's permission or authority? _____

Exact location of incidents _____

Road and Weather Conditions _____

Estimated speed of Insured Vehicle _____ k.p.h was horn sounded or other warning given? _____

Who do you consider was at fault in the accident? _____

Full description of accident (Full statement by Driver is required on a separate sheet) _____

SKETCH: Please show positions of vehicles and persons concerned at time of accident; indicate by arrow the directions in which they were traveling; (continue on a separate sheet of paper if necessary)

Example
Director
N

W E
S
Front
Vehicle
Rear

WITNESSES

Give names and address of all Witnesses

Passengers in Insured's Vehicle (_____
(_____
(_____

Other Witnesses (_____
(_____

Names and Addresses of conductors, Apprentices and employees in vehicle
Employees (_____
(_____
(_____

If no names of Witnesses taken, please state reason _____

Did a Police Official Witness Accident or take particulars? _____ Official's No. _____

If not, to which Police or other Authority has Accident been reported _____

DAMAGE TO INSURED VEHICLE

State full details of damage _____

Where can the vehicle be inspected? _____

Estimated cost of repair _____

Repairer's name, address and telephone No. _____

WHERE THE POLICY PROVIDES INSURANCE FOR DAMAGE TO THE VEHICLES, A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE, BUT THE REPAIRS SHOULD NOT BE PUT IN HAND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY

THIRD PARTIES INVOLVED IN THE ACCIDENT

State name and address of any passengers and/or other person sustaining injury and give nature of injury and stating exactly where they were at the time of the accident. _____

Give name and address of Owner and registered number of any other vehicle concerned _____

State name and address of the Insurers _____

Give particulars of any damage sustained by such vehicle, or any property not belonging to yourself _____

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

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

I declare the foregoing particulars to be true in every respect, and I hereby leave in the hands of the Company in accordance with the Conditions of the Policy the conduct of all claims and litigation arising out of this accident and to which the Policy applies, to deal with, to prosecute and/or settle as they think fit without further reference to me; and I undertake to give all such information and assistance as the Company may require.

Signature of Insured _____ Date _____ 20 _____