

# First Capital Insurance Limited

A member of the Fairfax Group

Company Reg.No.195000106C

GST Reg. No. M2-0001676-9

## MOTOR VEHICLE ACCIDENT REPORT FORM

(For Damage To Windscreen Or Vehicle Whilst Parked)

The issue and acceptance of this form is not an admission of liability on the part of the company

### THE INSURED

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (Office) \_\_\_\_\_ (Res.) \_\_\_\_\_ H/P/Pgr \_\_\_\_\_

Vehicle No.: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_ C.C \_\_\_\_\_ Year: \_\_\_\_\_

Policy No. \_\_\_\_\_ Insurance Period \_\_\_\_\_ To \_\_\_\_\_

### DETAILS OF LOSS:

Date / \_\_\_\_\_ Time / \_\_\_\_\_ Place / \_\_\_\_\_

Explain fully how loss happened:

\_\_\_\_\_

If Windscreen is damaged whilst driving,

Name of Driver \_\_\_\_\_ Address \_\_\_\_\_

Licence No. \_\_\_\_\_ Expire On \_\_\_\_\_ Tel: \_\_\_\_\_

**Please note that repairs should not proceed without our approval.**

State name of workshop \_\_\_\_\_

If other damage is also sustained by the vehicle, please provide details.

\_\_\_\_\_

I hereby declare that, to the best of my knowledge and belief, the above statements are fully and truly made.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Insured (if Company, please stamp and indicate the name of the person signing the form)

If you receive any communications in anyway connected with the accident, please forward them to the Company immediately.

### FOR OFFICE USE ONLY

Sum Insured: \_\_\_\_\_ Add. Cover: a) W/S \_\_\_\_\_

Excess: (Section I) \_\_\_\_\_ H/P \_\_\_\_\_ Agency \_\_\_\_\_

Premium \_\_\_\_\_ NCD \_\_\_\_\_ R.I. \_\_\_\_\_