



AUREOL INSURANCE COMPANY LIMITED

KISSY HOUSE, 54 SIAKA STENENS STREET, P O BOX 647, FREETOWN

MOBILE: 078175 175; 088 175 175

CLAIMS DIRECT: 079 124 921

NOTIFICATION OF ACCIDENT FORM – MOTOR VEHICLE INSURANCE

To:- The Insured.

With reference to your intimation of an accident please complete and return this form as early as possible, whether a claim has been made upon you or not.

It is particularly requested that no discussion of the terms or extent of your Insurance be entered into with the party or parties claiming or anyone acting on his, or their behalf, and that all communications be forwarded to the Company immediately on receipt. It is of the utmost importance that every question be answered fully.

The issue of this form is not to be considered as an admission of liability on the part of the Company

INSURED

Name.....Occupation.....Tel:.....

Address.....Email Address.....

Policy No.....Renewal Date.....

INSURED VEHICLE CONCERNED IN ACCIDENT

Make	C C	Year of Make	Type of Body	Reg. Letters And No.	For what purpose was Vehicle being used at Time of Accident

Was vehicle being used with the knowledge and consent of the Insured at the time of Accident.....

Were fare paying passengers being carried.....

DRIVER

Name in full..... Age.....

Address..... Occupation.....

Driving Licence No. Date of Expiry..... How long Licence held.....

State whether the person driving at time of accident is

(a) the owner: (b) his employee; (c) 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 Accident owns a vehicle himself

If so, state name and address of Insurers.....

Has he/she ever been convicted of any motoring offence.....

DETAILS OF ACCIDENT:

Date..... 20..... Place..... Time.....

Road and weather conditions..... distance from Nearest Town.....

Speed of Vehicle..... Hoe far from Near Side of Road?..... Was horn Sounded?

Were you in Vehicle..... Date accident was reported to you

In your opinion was accident caused by the fault of any person other than your driver?.....

If so, give name, address and occupation of such person.....

GIV FULL DESCRIPTION OF HOW THE ACCIDENT, LOSS OR DAMAGE OCCURRED ON SPACE PROVIDED ON THE BACH OF THIS FORM

WITNESS

Give names and address of all witnesses (.....)

Passengers in Insured's vehicle (.....)

OTHER WITNESSES (.....)

Did a Police official witness accident or take particulars?..... Officials No.....

If not to which Police or other authority has accident been reported?.....

Was any statement as to fault, made by Police witnesses or drivers at time.....

THE COMPANY MUST BE ADVISED IMMEDIATELY IF ANY POLICE ACTION TAKEN AGAINST YOU OR YOUR DRIVER.

Name and address of Owner(s) of other Vehicle

(s).....

Reg. Letters and No. of such Vehicle (s).....Extent of
Damage.....

Name and Address of Owner (s) of other Property
Damaged.....

Has any claim been made upon you?.....If so, Verbally or in Writing?

Please give name of Company insuring other Vehicle (s) or property if known.....

PARTICULARS OF PERSONAL INJURIES TO OCCUPANTS OF INSURED VEHICLE

Name and Address of injured persons.....

Nature of injuries Sustained.....

Was any person taken to Hospital?.....

If so, give name and state which Hospital.....

Was he or she detained..... Has any claim for such injuries been made upon you?.....

PARTICULARS OF PERSONAL INJURIES TO OTHER PERSONS INVOLVED IN THE ACCIDENT

Name and Address of injured or persons.....

Nature of injuries Sustained.....

Was any person taken to Hospital?.....

If so, give name and state which Hospital.....

Was he or she detained..... Has any claim for such injuries been made upon you?.....

ANY COMMUNICATIONS REGARDING THIRD PARTY INJURIES OR DAMAGE WHICH YOU MAY RECEIVE SHOULD NOT BE ANSWERED, BUT SHOULD BE FORWARDED AT ONCE TO THE COMPANY.

DESCRIPTION OF ACCIDENT

SKETCH

Please make a rough Sketch plan of the roads showing width of roads and relative position of Vehicle involved indicating directions in which vehicles were traveling.

I, We hereby declared that to the best of my/.our knowledge and belief the foregoing particulars are true and correct in every respect, and I/.We undertake to render the Company every assistance in dealing with this matter.

Date.....20.....Signature of Insured.....