



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.

