



Date:

To:

Dear Sir(s) or Madam:

Re: **Motor Accident Report Form – Accident No.**

Having been advised of an accident in which your vehicle insured under a policy issued by us was involved, would you kindly furnish full details, as appropriate, on the following pages of this Report Form.

After you have completed and signed the form, please return it to us as soon as possible. We request that you return the completed form even though you may have no intention of pursuing a claim under your policy with us.

Yours faithfully,

For the Company

Argus Insurance Company Limited

14 Wesley Street
Hamilton HM 11
P.O. Box HM 1064
Hamilton HM EX, Bermuda

Tel: +1 441 298-0888
Fax: +1 441 295-7411

insurance@argus.bm
argus.bm

A Subsidiary of Argus Group Holdings Limited



Did the Police attend the accident scene? () Yes () No

Have you received a Summons or Notice of Intention to prosecute arising from this accident?

What was the approximate speed of your vehicle prior to collision:

For what purpose was your vehicle being used?

Was the other party (ies) travelling on the main road?

What road signs or warnings were:

- (i) .. on your road:
- (ii) . on the Third Party's road?.....

What warning(s) was given:

- (iii) by you?:
- (iv) by the Third Party?.....

Weather conditions at the time of accident.....

Condition of road surface. State whether wet or dry.....

PARTICULARS OF THIRD PARTY

Name:

Address:

Make of Vehicle:

Licence #

Insurer Policy #

Details of damage to Third Party vehicle and professionally estimated cost repairs. *(Attach copy of estimate)*

.....
.....
.....

Was the Third Party negligent?

IF YES, in what respect

.....
.....

Details of any other Third Party damage, e.g., walls, fences etc.....

.....
.....
.....

Has repairer(s) been instructed?

PARTICULARS OF PERSONAL INJURY TO OTHER PERSON.

Names of Injured Passenger in your Vehicle:

1. Name: Age: Phone #

Address:

Nature of Injury

2. Name: Age: Phone #

Address:

Nature of Injury

Names of Injured Third Parties:

1. Name: Age: Phone #
- Address:
- Nature of Injury
2. Name: Age: Phone #
- Address:
- Nature of Injury
3. Name: Age: Phone #
- Address:
- Nature of Injury

YOUR VEHICLE

Make: Licence# Year.....

Details of damage to your vehicle:

.....

.....

Where can your vehicle be inspected?

.....

Professionally estimate cost of repairs:

(Attach copy of estimate)

DRIVER OF YOUR VEHICLE

Name: Age: Phone #

Address:

Driving Licence #..... Expiry Date

Driving Licence Classes

How long has he/she held a full driving licence?

Any motoring convictions? () Yes () No

Was he/she at fault in this accident () Yes () No

If YES, in what respect:

.....

.....

I hereby declare that the foregoing particulars are true in every respect.

Signature of Insured: Date
