



## LAW UNION & ROCK INSURANCE PLC

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POLICY NO. \_\_\_\_\_ CLAIM NO. \_\_\_\_\_

### MOTOR ACCIDENT REPORT FORM

(a) Name of Insured:-	_____	
(b) Address:-	_____	
(c) Occupation:-	_____	
(d) Mobile Phone No.:-	_____ Telephone No.:-	_____
(e) Inception Date:-	_____ Branch:-	_____

#### 2. (a) VEHICLE INSURED PARTICULARS

Make	Reg. No.	C.C.	Year of make	Eng. No.	Chasis No.	Mileage covered	Purpose being used

#### (b) If commercial, type of use:-

Own Goods	Goods Only	General Cartage	Taxi/Bus	If Taxi/Bus How many passengers

#### 3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name:- \_\_\_\_\_ Age:- \_\_\_\_\_  
(b) Address:- \_\_\_\_\_  
(c) Is Driving License No. \_\_\_\_\_ If yes, which category? \_\_\_\_\_  
(d) Driving License No. \_\_\_\_\_ Has it been endorsed? \_\_\_\_\_  
(e) Date of Issue:- \_\_\_\_\_ Date of Expiry:- \_\_\_\_\_ Place of Issue: \_\_\_\_\_  
(f) Is it a Learners' Permit? \_\_\_\_\_ If so, Number:- \_\_\_\_\_ Period:- \_\_\_\_\_  
(g) Relation of Driver to insured:- \_\_\_\_\_ If Paid Driver, for how long Employed:- \_\_\_\_\_  
(h) Does Driver own a Vehicle? \_\_\_\_\_  
(i) If so, Name and Address of Insurer:- \_\_\_\_\_

#### 4. PARTICULAR OF ACCIDENT

- (a) Date:- \_\_\_\_\_ Time: \_\_\_\_\_  
(b) Exact Location of Accident:- \_\_\_\_\_  
(c) Road Condition:- \_\_\_\_\_ Weather Condition:- \_\_\_\_\_  
(d) Speed of your Vehicle: \_\_\_\_\_ Condition of brakes:- \_\_\_\_\_  
(e) If object collided what was moving, what direction was it going? \_\_\_\_\_  
(f) Address of Police Station Accident was reported:- \_\_\_\_\_  
(g) No. of Person in (i) Insured Vehicle:- \_\_\_\_\_ (ii) The other Vehicle:- \_\_\_\_\_

**5. FULL DESCRIPTION OF ACCIDENT:-** Full statement of the Driver may be on a separate sheet:-

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



SKETCH: - Please show point of impact and position of vehicles and person concerned at the time of accident; indicate by arrow which direction they were traveling.

**6. (A) WITNESS**

**(B) Occupants of your Vehicle**

Name	Address	Name	Address

**7. DAMAGE TO INSURED VEHICLE:-**

- (i) Full details of Damaged Part:- \_\_\_\_\_
- (ii) Present Location of Vehicle:- \_\_\_\_\_
- (iii) Rough Estimate Of repair:- \_\_\_\_\_
- (iv) Repairer's Name and Address:- \_\_\_\_\_
- (v) Inventory of damaged part:- \_\_\_\_\_

**8 THIRD PARTY INVOLVED IN THE ACCIDENT:** Full details of other third party involved may be on separate sheet

- (a) Name:- \_\_\_\_\_
- (b) Address:- \_\_\_\_\_
- (c) Type of property/injury:- \_\_\_\_\_
- (d) If vehicle make: \_\_\_\_\_ (ii) Reg. No: \_\_\_\_\_ (iii) Year of make: \_\_\_\_\_
- (e) Present location of vehicle:- \_\_\_\_\_
- (f) Is owner Insured:- \_\_\_\_\_ (ii) If yes; policy No: \_\_\_\_\_
- (g) Name and Address of Insurer: \_\_\_\_\_

If notice of Third Party Claim has been given verbally or in writing, please give full particulars

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

**9. DECLARATION**

I/We declare the foregoing particulars to be true and I/ We here authorize LAW UNION & ROCK INSURANCE PLC and / or their legal representatives to deal with all matters arising from this accident at their discretion and if they deem it expedient to admit liability and / or negligence on the part of myself / our servants or agents.

SIGNATURE OF DRIVER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF INSURED \_\_\_\_\_ DATE \_\_\_\_\_

(If Limited Company give status of signatory)

PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED  
( The Company does not admit liability by the issue of this form)