

PRIORITY INSURANCE COMPANY LIMITED
PRIORITY HOUSE, NO. C502/1, AVENOR JUNCTION, ACCRA
HEAD OFFICE: P.M.B CT 395, CANTONMENTS-ACCRA
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MOTOR ACCIDENT REPORT FORM

Please Note that-

It is necessary that great care should be taken in completing this form and the information given therein should be strictly accurate irrespective of whether it is in your favour or otherwise. You should not make any payment offer or promise of any payment or admit liability in anyway, as by so doing you may prejudice your position and make settlement a difficult matter.

POLICY NO..... RENEWAL DATE.....

Name of Insured:.....

Address:.....

Occupation:..... Telephone No:.....

PARTICULARS OF MOTOR VEHICLE CONCERNED:

Registration No.....Make.....Model.....Year of Make.....

Is the vehicle the subject of a hire purchase or loan agreement? Yes/No

If so state name of finance company or lending organisation.....

.....
If claim is under a Motor Trade Policy, give name and address of owner of vehicle.....

State fully the purpose for which the vehicle was being used. (It is not sufficient to state "Business" or "Private").....

Was the vehicle being used with your consent? Yes/No

PARTICULARS OF PERSON DRIVING AT TIME OF ACCIDENT:

Full Name:.....Address:.....

Age:.....Occupation:.....Tel. No:.....

Driving License No:.....Date of Issue.....

For what group of vehicles has the license been issued:.....

Has the driver ever been convicted of any motoring offence? Yes/No

If so, give details.....

THIRD PARTIES INVOLVED IN ACCIDENT:

Names and addresses of persons injured and the extent of their injuries:

Injured persons in your

vehicle.....

1. 2.

3. 4.

Injured persons in the other vehicle.....

1.....

2.....

3.....

4.....

State details of other vehicle involved: Regd. No..... Make.....

Model.....

State name and address of the driver of this vehicle.....

State name and address of the owner of this vehicle.....

State name and address of Insurer of this vehicle and policy number.....

Details of damage to this vehicle.....

Has any claim, been made upon you? Yes/No.

If so, state particulars below and note that any letter or communication received by you must be forwarded immediately unanswered, to this Company.....

.....
Has any person involved in the accident been given a notice of intended prosecution by the Police? Yes/No

If so, state details.....

Witnesses:

1.

2.

3.

State names and addresses of any independent witnesses:

1.

2.

3.

Was accident reported to the Police? Yes/No. If so, state date reported and at which Police

Station.....Name Police Constable who took

particulars:.....

Do you hold more than one policy indemnifying you in respect of this accident? Yes/No.

I declare that the above statement is true in all respects to the best of my knowledge and belief and I hereby

leave in the hands of the Company in accordance with the Conditions of the Policy the conduct of all claims and

litigation arising out this accident and to which the Policy applies, to deal with, to prosecute and/or settle as they

think fit without further reference to me; and I undertake to give all such information and assistance as the

Company may require.

Date.....Signature.....

The Company does not admit liability by the issue of this form..

SKETCH

Please make a sketch showing position of vehicles and persons concerned both before and after the accident, and showing the direction in which they were travelling.

POSITION BEFORE ACCIDENT

POSITION AFTER ACCIDENT

