

E. Please give names and addresses of all witnesses.
 Details of Passengers in your vehicle a)..... Phone No.....
 Witnesses b)..... Phone No.....

F. Particulars of Accident

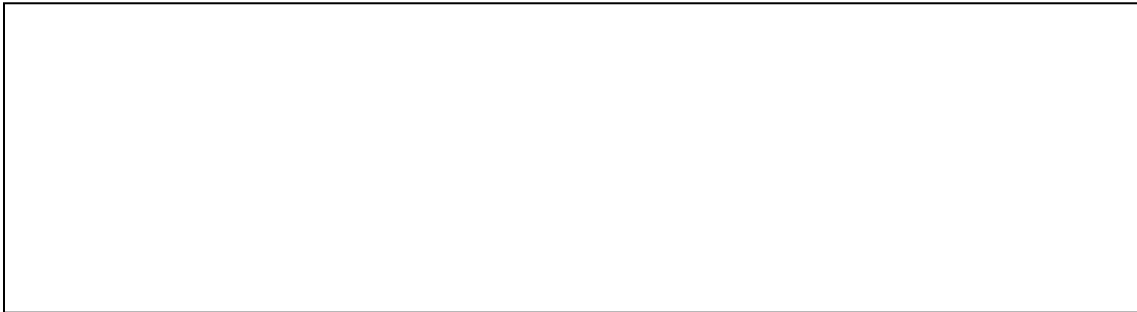
- 1. Date..... Time.....am/pm
- 2. Place.....

Please describe:

- a) Where you had been and where you were going.....
- b) Your speed just prior to impact.....k.p.h
- c) The other parties speed just prior to impact.....k.p.h
- d) Your reasons for thinking the other party was to blame (if so)
- e) The name and address of that other person
- f) The other vehicle – i) Registration Number.....
 ii) Make iii) Model.....
- g) Was that other vehicle insured? (If yes, please state name of Insurance Company).....

3. General description of accident.....

G. Sketch Plan **1. Please show road measurements and the positions of the parties and the course taken by them leading up to accident.**



I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and I/we agree that if I/we have made, or in any further declaration of the Company require in respect of the said accident, shall make any false or fraudulent statements or any suppression or concealment of Policy shall be void and all rights to recover there under in respect of past or further accident shall be forfeited.

Signature of Insured _____

Date: _____