

Were the occupants of your vehicle fare-paying passengers? ..... If so, state number .....  
 Were the passenger being charged a fare? .....  
 Were goods being carried? ..... If so state by whom the goods were owned. ....  
 Have you received any intimation of claims from the other driver (or Third Party).....

**DAMAGE TO OWN VEHICLE** --- state details of damage (if any)  
 .....

Repairer's name, address and telephone number .....

Have you obtained an estimate of repairs? ..... Amount of estimate .....

Have any instructions regarding repairs been given? .....

Date removed..... Where was the vehicle taken? .....

**DID YOU CALL THE JAA FOR ACCIDENT ASSISTANCE?**  YES  NO If No, Why .....

(Repairer's detailed estimate should accompany this Form if possible)

Where can damaged vehicles be inspected? .....

Has any arrangement been made with the Third Party to repair vehicle or any monies to be received? .....

Give dates .....

**N.B. Your Vehicle must be inspected by an Assessor to be appointed by this Company before repairs are authorized**

**PARTICULARS OF THIRD PARTY'S VEHICLE(S) OR PERSON(S) INVOLVED**

	TP - VEHICLE 1	TP - VEHICLE 2	TP - VEHICLE 3
Registration No. & Letters			
Make of Vehicle			
Owner's Name			
Owner's address			
Owner's telephone #			
Insurance Company			
Driver's Name & Address			
Driver's telephone #			
Damage to Third Party's Vehicle			

Was/ Were any persons injured?  YES  NO If Yes, State:

PERSONS INJURED	ADDRESS	NATURE OF INJURY

Name of hospital to which injured person were sent .....

Did a policeman take particulars of the accident?  YES  NO Name of Policeman ..... # Police Station. ....

His Number ..... Was any warning given by the Police that you or your driver might be prosecuted?  YES  NO

Did the Police indicate who may be liable and why?  YES  NO .....