



**NICO**  
General

associated with  Sanlam group

NICO HOUSE, NICO HOUSE, P.O Box 2592, Blantyre; Tel: 01 822699; Fax: 01 822363  
NICO CENTRE, P O Box 30421, Capital City, Lilongwe 3; Tel: 01 751366; Fax: 01 751365  
MPICO HOUSE, P.O. Box 226, Mzuzu; Tel: 01 312876; Fax: 01 312 564  
Email: info@nicogeneral.com Website: www.nicogeneral.com

## MOTOR ACCIDENT REPORT FORM

(Delete section not applicable)

INSURED	Name					
	Address				Tel No.:	
	Occupation			e-mail: Policy No.:		
VEHICLE	If vehicle subject to Hire Purchase, Credit or Leasing agreement, state name and Address of Finance Company	Make	Chassis No. Engine No.	Gross Carrying capacity HP/CC:		Kilometers Completed
		Registration	Value	Model and Year		Date of purchase and price paid
DAMAGE	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repair's name, address and telephone number					
	Where can your damaged vehicle be inspected?					
DRIVER	Full Name					
	Address					
	Phone No.					
	Occupation and Date of Birth					
	Driving Licence	No.	Date	Place	Class	Full/Learner
	State fully the purpose for which the vehicle was being used					
	Was he/she driving with your permission?					
	Was he/she in your employ?					
	Has he/she any motor Insurance on own car? If yes, state Policy No. and Company					
	Details of any convictions for motoring offences					
Has licence ever been endorsed?						
Has he/she any physical defects?						
Details of previous accidents						

<b>PASSENGERS</b>	<b>PASSENGERS IN INSURED VEHICLE</b>	Name	Address		Injury	
For what purpose were they carried?						
Are they employees?						
<b>OTHER PARTY</b>	<b>DAMAGE TO OTHER VEHICLES</b>	Registration No.	Make	Name and address of Owner and Driver	Details of damage	
	<b>DAMAGE TO PROPERTY OTHER THAN VEHICLES</b>	Name and Address of Owner			Details of damage	
	<b>PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)</b>	Name of Injured	Relationship to accident e.g. Driver, Passenger	Details of Injuries		Name of Hospital if applicable
	<b>WITNESS</b>	Name, Address and Phone No.				
Name, Address and Phone No.						
<b>THEFT</b>	Date, time place of theft					
	Was the vehicle left locked?					
	Who is now in possession of the keys					
	Police station and reference No.					
	Vehicle, engine and chassis No.			Colour of Vehicle		
	If accessories stolen, provide full details					

<b>ACCIDENT</b>	Date, time place				
	Speed	Before accident	Kph	Moment of impact	Kph
	(a) Weather conditions (b) Visibility	(a)		(b)	
	(a) Road surface (b) Width of road	(a)		(b)	
	(a) Which vehicle lights were on? (b) Street lighting	(a)		(b)	
	Was any warning given by you, e.g. hooting, indicator etc?				
	Police Details	Name of Police/Traffic Officer who recorded details of Accident	Police Station and Reference No.		
	Was driver tested for alcohol or drugs?		Result of Test		
	DESCRIPTION OF ACCIDENT/ THEFT				
	Who in your opinion was to blame and why?				
SKETCH OF ACCIDENT (If necessary use separate page)	Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident				
<b>LICENCE INSPECTION</b>	I have inspected the driver's licence as shown				
	Current Driving Licence No.:.....	Signature.....			
	Valid for classes.....				
	Date of Expiry.....				
	Date of issue of 1 <sup>st</sup> Licence and No.....				
	Place of Issue.....				
	Endorsement with Dates.....	Capacity.....			
Type of Vehicle Driven at the Time of Accident.....	Company Representative/Broker/Agent				
<b>DECLARATION</b>	We hereby declare the foregoing particulars to be true in every respect				
	(Signature of Driver).....	Date.....			
	Signature of Insured..... Capacity.....	Date.....			
	N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND				