



**GUARDIAN GENERAL
INSURANCE LIMITED**

AUTOMOBILE ACCIDENT REPORT

**THIS COMPLETED FORM MUST BE GIVEN TO YOUR INSURER TOGETHER
WITH AN ESTIMATE FOR THE COST OF REPAIRS TO YOUR VEHICLE**

AGENCY
 POLICY NO. POLICY PERIOD to
 APPLICABLE EXCESS NO CLAIM DISCOUNT

This form should be completed and returned to us immediately whether a claim is being made or not

THE INSURED	NAME
	OCCUPATION EMPLOYER
	BUS. ADDRESS PHONE
	RES. ADDRESS PHONE
	IS THE INSURED VAT REGISTERED - NO () YES () VAT REG. NO.

THE AUTOMOBILE	MAKE & MODEL CHASSIS NO. ENGINE NO. REGISTRATION NO. SUM INSURED
	Is the automobile subject to a Hire Purchase Agreement () Bill of Sale () Mortgage () Other () ? If so state name and address of Finance Company
	IS ANY ANTI-THEFT DEVICE FITTED TO THE AUTOMOBILE? NO () YES () MAKE

THE DRIVER	NAME OF DRIVER RELATIONSHIP TO INSD.:
	OCCUPATION EMPLOYER
	BUS. ADDRESS PHONE
	RES. ADDRESS PHONE
	DRIVER'S PERMIT NO. ISSUE DATE EXPIRY DATE
	MM/DD/YY MM/DD/YY
	DATE OF BIRTH CLASS OF VEH. LICENSE TO DRIVE
	MM/DD/YY
	Has driver any physical impairment?
	For what purpose was vehicle being used
Has driver been involved in any accident within the past three years ? Yes () No () if yes, state particulars	
DATE VEH. NO. INS. CO.	
MM/DD/YY	
Is the driver insured in his own name in respect of any other motor vehicle ? Yes () No ()	
If yes, state particulars: Ins. Co. Policy No.	

THE ACCIDENT	DATE OF ACCIDENT 20 TIME A.M./P.M.
	MM/DD/YY
	LOCATION
	DIRECTION OF INSURED'S CAR DIRECTION OF OTHER CAR SPEED
	ROAD SURFACE CONDITION: WET () DRY () WEATHER CONDITION: RAINY () SUNNY ()
	TO WHICH POLICE STATION WAS THE ACCIDENT REPORTED?
POLICE OFFICER'S NAME, NO. & RANK?	
WAS THE ANTI-THEFT DEVICE IN OPERATION AT THE TIME OF THE LOSS? NO () YES ()	

DAMAGE TO YOUR OWN AUTOMOBILE	Details of Damage

	If vehicle cannot be driven, where is it located?

OCCUPANTS(S) OF INSURED'S AUTOMOBILE	NAME (S) RES/BUS. ADDRESS PHONE
	1)
	2)
	1)
	2)
	1)
2)	

