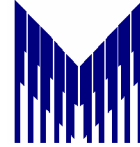


Motor Vehicles Insurance Ltd DRIVER'S STATEMENT



Claim Reference Number: _____

P O Box 1157 Port Moresby, NCD Tel 325 9666 Fax 325 0211 Email: claims@mvit.com.pg

1. **DRIVER'S FULL NAME**..... (Mr/Mrs/Ms)

2. **YOUR AGE**..... **DRIVING LICENCE NUMBER**.....

3. **MARITAL STATUS:** *Single/Married/other (Pls circle one)*

4. **Postal Address & Telephone Number:**

5. **Are you employed and if so where?**

6. **Date of Accident:** ____/____/____.

7. **Time of Accident:**

8. **Where was the Accident?**

9. **What type of Road was it:** *Bitumen/Gravel/Other (Pls circle one)*

10. **Was the road surface good?**.....

11. **Were there potholes in the road:** *Yes/No, Where they: Big/Small (Pls circle one)*

12. **Describe the Road:** *Straight/Intersection/Bend/Corner/Crest/Uphill/Downhill/Narrow road*

13. **Was it:** *Sunny/Raining/Fog/Mist/Dust/Smoke (Pls circle one)*

14. **If at night, were there street lights on:** *Yes/No (Pls circle one)*

15. **What vehicle were you driving (Give Registration details):**

16. **Are you the owner:** *Yes/No (Pls circle one)*
If you are not the Owner, please give details (including Postal address & Telephone number) of the Owner of the vehicle:



Motor Vehicles Insurance Ltd
DRIVER'S STATEMENT



Claim Reference Number: _____

P O Box 1157 Port Moresby, NCD Tel 325 9666 Fax 325 0211 Email: claims@mvit.com.pg

17 Please list the details of all Passengers in your vehicle including the nature of their injuries **DIRECTLY** after the alleged accident: *(please attach additional list if necessary)*

Name of Passenger, Sex, Age, Injury at accident and where he/she was sitting

(1).....
 (2).....
 (3).....
 (4).....
 (5).....
 (6).....
 (7).....
 (8).....
 (9).....
 (10).....

18 Had your passengers been drinking Alcohol: *(Yes/No)* How much?

19 Where had you come from when the accident occurred:

20 Had you been drinking alcohol? If Yes, how much?

21 Where were you going?

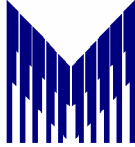
22 What cargo did you have on your vehicle?

23 If you were turning into a junction, did you signal?

24 Did the other vehicle signal that he was turning?

25 Did you blow your horn/hooter?

26 Please describe in your own words how the accident happened? *(Please describe in detail)*



Motor Vehicles Insurance Ltd
DRIVER'S STATEMENT



Claim Reference Number: _____

P O Box 1157 Port Moresby, NCD Tel 325 9666 Fax 325 0211 Email: claims@mvit.com.pg

27 What happened after the accident?

28 Who was to blame for the accident?

29 Why was the person the cause of the accident?
.....
.....

30 Did you hit a Pedestrian?.....

31 Briefly explain what happened?
.....
.....
.....
.....
.....

32 What caused the accident?

33 Did your vehicle have a **MECHANICAL BREAKDOWN** or **FAILURE**?

34 If it did, What broke or failed?

35 Did the Police attend the accident scene or did you report the accident at the Police Station?
.....

36 What was the Policeman's Name and which Police station?

37 What date did you report the accident?

38 Have the Police Charged you with an offence?

39 What have you been charged with?

40 Have you been to Court? Were you found guilty?

41 Is your Vehicle insured for damage? Which insurer?

I _____ Hereby certify that my answers as stated in this Statement have been given truthfully of my own free will and to the best of my knowledge:

Signed: Date:
.....

Witnessed by: Date:
.....

Full Name & Address of Witness:
.....

INTERPRETATION

This Statement was signed in my presence and before the above named declarant signed, I INTERPRETTED this document to the declarant in the language and the declarant appeared to fully understand what has been written/said and I certify that I am fluent in the language and in the ENGLISH language and am able to INTERPRET this document into English

Signed by: Date:
.....