

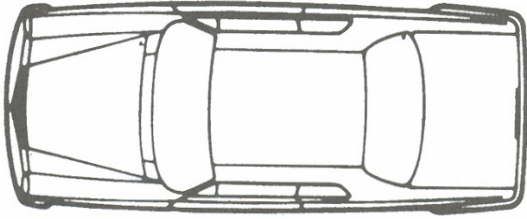
MOTOR VEHICLES INSURANCE LTD.

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MOTOR VEHICLE ACCIDENT REPORT FORM

OWNER	Name: _____	Phone: _____ (b/h) _____ (a/h)
	Address: _____ _____ _____	
	Place of employment: _____	Occupation: _____
DRIVER	Name: _____	Phone: _____ (b/h) _____ (a/h)
	Address: _____ _____ _____	
	Place of employment: _____	Occupation: _____
Description of vehicle and policy details	MAKE: _____	Certificate No: _____
	TYPE: _____	
	REGO. NO: _____	Expiry date: _____
Details of other vehicle	Owner: _____	Driver: _____
	Address: _____	Address: _____
	Where employed: _____	Where employed: _____
	Phone: _____ (b/h) _____ (a/h)	Phone: _____ (b/h) _____ (a/h)
	Make and type of vehicle: _____	
	Registration number: _____	

OCCURRENCE	Time: _____ am/pm Date: _____
	Place of Accident: a) Town: _____ b) Street/road: _____
	Purpose for which vehicle was used: _____

Damage to vehicle	<p>Mark an X at point of impact and circle area/s where damage occurred</p> 
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Description of accident	<p>How did accident happen?</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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Passengers/ Witnesses	a) Names of all passenger in your vehicle	_____	_____
		_____	_____
	b) Names of all other witnesses	_____	_____
		_____	_____
		_____	_____

PERSONS KILLED OR INJURED			
Name	Age	Sex	Details of injuries
<i>If space insufficient, please attach list..</i>			

POLICE	Was the accident reported to police? _____
	Name or number of Police Officer _____
	Which Police Station? _____
	Police accident report number _____
	Have you given a statement to police? _____
	Have Police taken any action/ if so, what and against whom? _____

Do you consider you were at fault? _____
if no, why not? _____

DEMANDS	Has any claim been made against you by any of the injured parties? _____
	if so, please give details: _____

SCENE	DRAW A BRIEF PLAN of scene of accident
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SIGNATURE OF DRIVER/ OWNER:.....

DATE:.....