



Jubilee Insurance (Mauritius) Limited

Business Registration No. C08017369

Head Office:

Mezzanine Floor, One Cathedral Square, Pope Hennessy Street, Port Louis, Mauritius.
Tel: +230 210 3678; Fax: +230 212 7970, Email: info@jubileemauritius.com

MOTOR ACCIDENT REPORT FORM

- All questions must be answered in full, in BLOCK letters, in your own handwriting or to your dictation.
- The issuing of this form is not to be taken as an admission of liability by the insurers.
- Neither owner nor driver may admit fault or liability for this accident.
- Do not answer communications about this accident. Direct this to the Insurance Company for action.
- Repairs must not be authorised without prior authority of the Insurance Company.

CLAIM NO. BROKER'S/AGENT'S

I. INSURED

Name of Insured in full

Postal address

Telephone - Office House Mobile

Email

Occupation/nature of business

2. POLICY

Policy no.

Period of Insurance From

Is there any hire purchase interest? Yes No

If yes, give details

3. PARTICULARS OF THE VEHICLE

Vehicle registration no. Carrying capacity

Make/model

When was the vehicle manufactured? year H.P./C.C.

Load at time of accident

4. USE

State exact purpose for which the vehicle was being used at the time of the accident

5. DRIVER

Name and address of driver

Date of Birth Experience in Years/Months

Occupation

Driving License No.

Telephone - Office Mobile

Is the driver employed by you? Yes No

How long has the driver been in your service?

How long has the driver been driving motor vehicles?

Did the driver admit liability? Yes No

Has the driver had previous accidents? Yes No

If 'Yes' how many and approximate dates

Has the driver any conviction for any offence with any motor vehicle or any charges pending? Yes No

If 'Yes' give details including dates

Was the driver driving with your permission? Yes No

Does the driver hold a full or provisional license to drive this vehicle? Yes No

6. ACCIDENT

When did the accident occur? Time of accident

Place of accident

Type of road surface Visibility Wet/Dry

Estimated speed before accident occurred

Did the driver filled in the Agreed Statement of Facts Form Yes No

If no, was the accident reported to the Police Yes No

If 'Yes' Constable's/Officer's Police no. and station

To which Police Station was the accident reported?

Attach copy of Notice of Intended Prosecution if any

7. PLAN OF ACCIDENT

Draw a sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, speed marks, pedestrian crossing and any other relevant information.

8. STATEMENT BY DRIVER

Signature of Drawer _____

9. DAMAGE TO INSURED VEHICLE

State briefly apparent damage

(In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to Jubilee Insurance (Mauritius) Limited an estimate for repairs.)

Name and address of repairer

Telephone When and where can it be inspected?

10. OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED

Name and address of owner	Registration no.	Name of Insurer	Extent of damage

11. PERSON(S) INJURED

Name and Address	Relationship to Insured	If driver or passenger, registration no. of vehicle	Apparent injuries

12. INDEPENDENT WITNESSES

Name	Address

DECLARATION

I declare that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Date _____ Signature of Insured _____



CIRCUMSTANCES OF ACCIDENT

(Statement of Insured + Sketch of Accident)