

ACCIDENT REPORT FORM

Please note if the damaged vehicle is unlikely to be repaired before the expiry date of the vehicle licence **YOU MUST NOTIFY THE LICENSING SECTION IMMEDIATELY**

To be completed by the licensed vehicle proprietor

Full Name	
PH/HC Plate Number & Expiry date	
Vehicle Registration	
Date of Accident	
Details of Accident <i>Please use separate sheet if necessary.</i>	
Please describe all damage to the vehicle <i>Please use separate sheet if necessary.</i>	
Were the Police involved	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you carrying passengers at the time of the accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was anyone injured?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If YES please give details below</i>
Where is the vehicle now?	
Does the vehicle require a garage repair?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If NO please state what repair is required</i>
Will you require an Insurance vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature: _____ Date: _____