



CO-OPERATORS GENERAL INSURANCE

1. THE ACCIDENT OR LOSS			
Date:	Time:	Place:	
Did the police go to the scene? Yes <input type="checkbox"/> No <input type="checkbox"/>		Policeman name / number:	Police Station to which reported:
Weather Conditions:	Condition of road:	Vehicle speed before accident:	Vehicle speed at collision:
Were your lights turned on? Yes <input type="checkbox"/> No <input type="checkbox"/>		Did you give a warning signal? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was either party warned about prosecution? (if so, whom)			
Whom do you consider responsible for the accident?			
2. THE INSURED			
Name :		Telephone Number:	
Home Address:			
3. THE INSURED VEHICLE			
Reg. No.:	Year:	C.C.:	Eng. No.:
Make & Model:			Chassis No.:
Is the Vehicle:	Van <input type="checkbox"/>	Motor Cycle <input type="checkbox"/>	Truck <input type="checkbox"/> Left hand drive <input type="checkbox"/> Special License <input type="checkbox"/>
Exactly what was the vehicle used for?			
Was the vehicle being used with the owners consent? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Specify any mortgage / hire purchase agreement on your vehicle:			
How many passengers were being carried?		Were they paying a fare ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. THE DRIVER			
Name:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home address:		Telephone No.:	
Business address:		Telephone No.:	
Occupation:	Date of birth. / I.D. No.		
Is the drive employed by you? Yes <input type="checkbox"/> No <input type="checkbox"/>		State year license originally passed:	Class of license:
Drivers License No.: (please attach a photo copy)		Date of Issue:	Date of Expiry:
Does the driver have any motoring convictions/offense?			
Does the driver have any license endorsement / suspensions?			
Does the driver own a vehicle?		Where is it insured:	
Does the driver have a disability? (e.g defective vision etc) If yes please explain.			
5. OTHER VEHICLE OR PROPERTY CONNECTED WITH THE ACCIDENT			
Particulars	Vehicle 1	Vehicle 2	Vehicle 3
Reg. No.:			
Make & Model			
Insurance Company			
Name of Owner			
Address			
Name of Insured			
Tel. No.			
Driver Name			
Address			
Tel. No.			
Damage			

ILLUSTRATION OF ACCIDENT



