

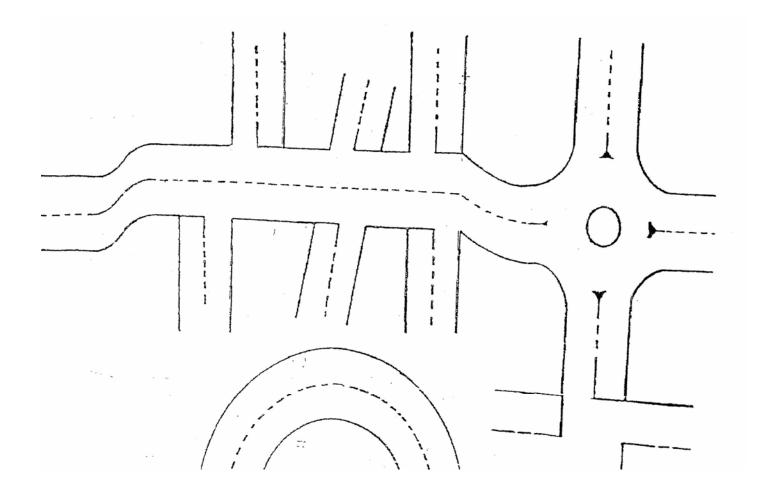
1.

## CO-OPERATORS GENERAL INSURANCE

THE ACCIDENT OR LOSS

Date:	Time:			Place					
Did the p	police go to the	e scene?	Yes No	Police	man name / number:	Police	Station to which reported:		
Weather	Conditions:	Condition	on of road:	Vehic	e speed before accident:	Vehic	le speed at collision:		
Were yo	Were your lights turned on? Yes No Did you give a warning signal? Yes No								
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.		١	ear:		C.C.:	Eng. No	.:		
Make & I						Chassis			
Is the Vehicle:  Van  Motor Cycle  Truck  Left hand drive  Special License									
Exactly what was the vehicle used for?									
Was the vehicle being used with the owners consent? Yes No									
Specify any mortgage / hire purchase agreement on your vehicle:									
How mai	ny passenger	s were be	eing carried?		Were they paying a fare	? Yes _	] No [		
4. THE DRIVER									
Name:					Sex: Male Fei	male			
Home ac	ddress:				Telephone No.:				
Business	s address:					Telephone	e No.:		
Occupation: Date of birth. / I.D. No.									
Is the drive employed by you? Yes No State year license originally passed: Class of license:									
Drivers License No.: (please attach a photo copy)			Date of Issue:		D	ate of Expiry:			
Does the	e driver have a	any motor	ring convictions/off	ense?					
Does the driver have any license endorsement / suspensions?									
Does the	e driver own a	vehicle?			Where is it insured:				
Does the driver have a disability? (e.g defective vision etc) If <b>yes</b> please explain.									
5. OTHER VEHICLE OR PROPERTY CONNECTED WITH THE ACCIDENT									
5.				ERIY					
Particula		\	/ehicle 1		Vehicle 2		Vehicle 3		
Reg. No.									
Make & I									
	e Company								
Name of									
Address									
Name of	insured								
Tel. No.	omo								
Driver Na									
Address Tel. No.									
Damage									
Damage									

## ILLUSTRATION OF ACCIDENT



## STATEMENT (to be completed by Driver)

Please state the details of the accident as number, colour of vehicle, specific feature		
I/We hereby declare that the foregoing pa	rticulars by me/us are true in eve	ery respect:
Driver's Signature	L.D. No.	Date:
Insured's Signature	I.D. No	Date: