



## Niko Insurance (Tanzania) Limited

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### MOTOR ACCIDENT REPORT FORM

(Delete section not applicable)

<b>INSURED</b>	Name:					
	Postal Address				Tel No.:	
	E-mail Address				Fax No.:	
	Occupation			Policy No.:		
<b>VEHICLE</b>	If vehicle subject to Hire Purchase, Credit or Leasing agreement, state name and Address of Finance Company	Make	Chassis No. Engine No.	Gross Carrying capacity HP/CC:	Kilometres Completed	
		Registration	Value	Model and Year	Date of purchase and price paid	
<b>DAMAGE</b>	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repair's name, address and telephone number					
	Where can your damaged vehicle be inspected?					
<b>DRIVER</b>	Full Name					
	Address					
	Phone No.					
	Occupation and Date of Birth					
	Driving Licence	No.	Date	Place	Class	Full/Learner
	State fully the purpose for which the vehicle was being used					
	Was he/she driving with your permission?					
	Was he/she in your employ?					
	Has he/she any motor Insurance on own car? If yes, state Policy No. and Company					
	Details of any convictions for motoring offences					
	Has licence ever been endorsed?					
	Has he/she any physical defects?					
	Details of previous accidents					
<b>PASSENGERS</b>	Name		Address		Injury	

	<b>IN INSURED VEHICLE</b>				
	For what purpose were they carried?				
	Are they employees?				
<b>OTHER PARTY</b>	<b>DAMAGE TO OTHER VEHICLES</b>	Registration No.	Make	Name and address of Owner and Driver	Details of damage
	<b>DAMAGE TO PROPERTY OTHER THAN VEHICLES</b>	Name and Address of Owner		Details of damage	
<b>PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)</b>	Name of Injured	Relationship to accident e.g. Driver, Passenger	Details of Injuries	Name of Hospital if applicable	
<b>WITNESS</b>	Name, Address and Phone No.				
	Name, Address and Phone No.				
<b>THEFT</b>	Date, time place of theft				
	Was the vehicle left locked?				
	Who is now in possession of the keys				
	Police station and reference No.				
	Vehicle, engine and chassis No.	Colour of Vehicle			
	If accessories stolen, provide full details				
<b>ACCIDENT</b>	Date, time place				
	Speed	Before accident	kph	Moment of impact	Kph
	(a) Weather conditions (b) Visibility	(a)		(b)	
	(a) Road surface (b) Width of road	(a)		(b)	
	(a) Which vehicle lights were on? (b) Street lighting	(a)		(b)	
	Was any warning given by you, e.g. hooting, indicator etc?				
	Police Details	Name of Police/Traffic Officer who recorded details of Accident		Police Station and Reference No.	
	Was driver tested for alcohol or drugs?			Result of Test	
	<b>DESCRIPTION OF ACCIDENT</b>				

	Who in your opinion was to blame and why?	
	SKETCH OF ACCIDENT (If necessary use separate page)	Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident

<b>LICENCE INSPECTION</b>	I have inspected the driver's licence as shown	
	Current Driving Licence No.:.....	Signature.....
	Valid for classes.....	
	Date of Expiry.....	
	Date of issue of 1 <sup>st</sup> Licence and No.....	
	Place of Issue.....	
	Endorsement with Dates.....	Capacity.....
Type of Vehicle Driven at the Time of Accident.....	Company Representative/Broker/Agent	

<b>DECLARATION</b>	We hereby declare the foregoing particulars to be true in every respect	
	(Signature of Driver).....	Date.....
	Signature of Insured..... Capacity.....	Date.....
<b>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.</b>		