



# Holburn Insurance Brokers

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FSP Licence No. 30634

Established 1983



## MOTOR ACCIDENT REPORT

**THIS FORM TO BE KEPT IN VEHICLES AND TO BE COMPLETED BY ALL DRIVERS AT SCENE OF COLLISION**

Driver's Name	
Registration Number of Vehicle	
Date & Time of Accident	
SAPS Reference Number / Name of Police Officer and Station	
Description of Accident & where it happened	
<b>Details of driver of other vehicle/s</b> <b>Name and Address</b>	
Who owns the Vehicle?	
Contact Telephone Number	
ID Number	
Vehicle Description (Make & Model)	
V.I.N. Number (Off Licence Disc)	
Vehicle Registration Number	
Visible damage to vehicle/Property	
Is vehicle insured?	
If so, name of Insurance Co/Broker	
Witness Details: Name and Address	
Contact Telephone Number	

Date: ...../...../.....

Signed: .....

**SKETCH OF ACCIDENT**

Signed:

Date