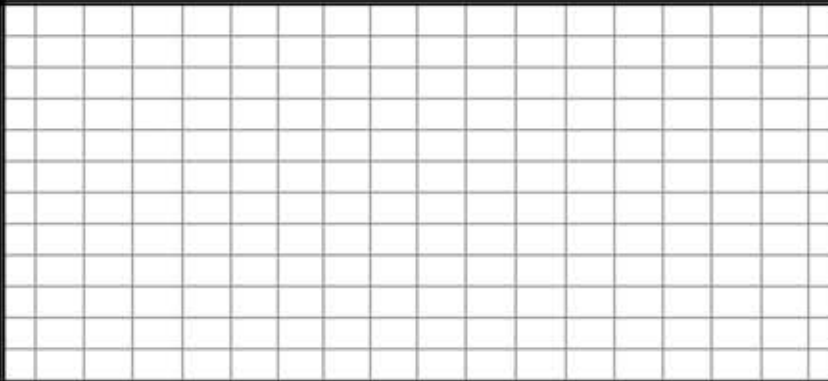


Policy No.		Nature of Accident ☐ Own Damage ☐ 3rd Party Property Damage ☐ 3rd Party Bodily Injury / Death ☐ Acts of Nature	
Date of Loss	Time	Place	

INSURED VEHICLE	
Driver's Name	
Mobile No.	
Owner's Name	
Address	
Mobile No.	

OTHER PARTY'S VEHICLE	
Driver's Name	
Mobile No.	
Owner's Name	
Address	
Mobile No.	

Please indicate damaged areas 	Sketch of Accident - please indicate roads 	Please indicate damaged areas 
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Narration:

Driver's Signature (Vehicle A)	Driver's Signature (Vehicle B)
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