

MOTOR ACCIDENT REPORT FORM

Tel: 0861 111 FPM (376) | Fax: 011 880 8360 | E-mail: claims@fpm.co.za | www.fpm.co.za

AT THE SCENE

- ▶ Don't admit liability
- ▶ Don't take liquor or drugs
- ▶ If injuries, report to police immediately and don't move vehicles
- ▶ If the vehicles are causing an obstruction, sketch before moving

THEREAFTER

- ▶ Report to police within 24 hours
- ▶ Report to vehicle owner
- ▶ Report to FPM

BY LAW

- ▶ Stop immediately and turn off engine
- ▶ Place emergency warning signs

FOR YOUR PROTECTION

- ▶ Complete the appropriate sections overleaf to record all the facts
- ▶ Keep calm and endeavour to avoid an argument. Do not admit liability or sign anything under any circumstances even if you think you are to blame

REPORT TO POLICE WITHIN 24 HOURS

Police case number: _____

Police station: _____

Date reported: _____

SKETCH THE SCENE ▶ Road names, traffic signs, positions of vehicles. Show direction of travel by arrow.



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F I N A N C I A L
P O R T F O L I O
M A N A G E M E N T



MOTOR ACCIDENT REPORT FORM

FIND AN INDEPENDENT WITNESS IF YOU CAN

Name: _____

Postal Address: _____

Tel No. (W): (CODE) _____ Cell No: _____

OTHER PARTIES (TP) - DRIVERS

Name: _____ ID No:

Postal Address: _____

Code: _____

Home Address: _____

Tel No. (W): (CODE) _____ Cell No: _____

Make / Model of vehicle(s): _____

Registration No(s): _____

OWNER OF VEHICLES OF OTHER PARTIES

Name: _____ ID No:

Postal Address: _____

Code: _____

Home Address: _____

Tel No. (W): (CODE) _____ Cell No: _____

Insurer / Broker: _____ Tel No. (W): (CODE) _____

OTHER DETAILS

Towing Company: _____ Tel No: (CODE) _____

Any injuries to other party: _____

DETAILS REQUIRED BY OTHER DRIVERS INSURERS (YOUR DETAILS)

Name of Driver: _____ Tel No: (CODE) _____

Address: _____

Vehicle Owner: _____ Tel No: (CODE) _____

Vehicle Make: _____ Registration No: _____