

in case of accident



You will need these details for your Insurance Claim

Insured

Owner	<input type="text"/>
Address	<input type="text"/>
Vehicle	<input type="text"/>
Reg No.	<input type="text"/>
Driver	<input type="text"/>
Address	<input type="text"/>
Insurance Co.	<input type="text"/>

Other Party

Owner	<input type="text"/>
Address	<input type="text"/>
Phone No.	<input type="text"/>
Driver	<input type="text"/>
Address	<input type="text"/>
Vehicle	<input type="text"/>
Reg. No.	<input type="text"/>
Insurance Co.	<input type="text"/>
Licence No.	<input type="text"/>

Details of Accident

Date	<input type="text"/>	Time	<input type="text"/>
Streets	<input type="text"/>		
Police Officer	<input type="text"/>		
Police Station	<input type="text"/>		

Witnesses

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Phone No.	<input type="text"/>

Note: Do not admit Liability to Any Party