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MEMBER OF THE ZUELLIG GROUP

**IMPORTANT NOTICE**

THIS FORM IS TO BE ACCOMPLISHED AND SIGNED BY THE PARTIES INVOLVED IN A VEHICULAR ACCIDENT WITHOUT WAITING FOR THE TRAFFIC INVESTIGATOR (ESPECIALLY IF THE VEHICLES ARE OBSTRUCTING THE FLOW OF TRAFFIC). THIS FORM WHEN ACCOMPLISHED AND SIGNED BY THE PARTIES MUST BE BINDING UPON THEM AND SHOULD BE RECOGNIZED BY THE INSURERS OF THE VEHICLES INVOLVED. AFTER THE COMPLETION OF THIS FORM, THE VEHICLES INVOLVED MAY BE MOVED AND PARKED WHERE THEY WILL NOT OBSTRUCT THE FLOW OF TRAFFIC

<b>Date of accident:</b>		<b>Time:</b>		<b>Location of Accident:</b>	
<b>VEHICLES INVOLVED IN ACCIDENT</b>					
<b>Vehicle 1</b>					
<b>Reg. Cert. No.:</b>		<b>Make/Type/Model:</b>		<b>Official Receipts No.:</b>	
<b>Date:</b>		<b>Plate No.:</b>		<b>Tel. No.:</b>	
<b>Owner:</b>		<b>Address:</b>			
<b>Driver:</b>		<b>Tel. No.:</b>		<b>Licence No.:</b>	
<b>O.R. No.:</b>	<b>Date:</b>	<b>Insurance Company:</b>		<b>Reg. Cert. No.:</b>	
<b>Vehicle 2</b>					
<b>Reg. Cert. No.:</b>		<b>Make/Type/Model:</b>		<b>Official Receipts No.:</b>	
<b>Date:</b>		<b>Plate No.:</b>		<b>Tel. No.:</b>	
<b>Owner:</b>		<b>Address:</b>			
<b>Driver:</b>		<b>Tel. No.:</b>		<b>Licence No.:</b>	
<b>O.R. No.:</b>	<b>Date:</b>	<b>Insurance Company:</b>		<b>Reg. Cert. No.:</b>	
<b>Vehicle 3</b>					
<b>Reg. Cert. No.:</b>		<b>Make/Type/Model:</b>		<b>Official Receipts No.:</b>	
<b>Date:</b>		<b>Plate No.:</b>		<b>Tel. No.:</b>	
<b>Owner:</b>		<b>Address:</b>			
<b>Driver:</b>		<b>Tel. No.:</b>		<b>Licence No.:</b>	
<b>O.R. No.:</b>	<b>Date:</b>	<b>Insurance Company:</b>		<b>Reg. Cert. No.:</b>	

The Parties agree to the Sketch/Sketches of the accident overleaf.

Vehicle 1

Vehicle 2

Vehicle 3

.....  
Name / Signature

.....  
Name / Signature

.....  
Name / Signature

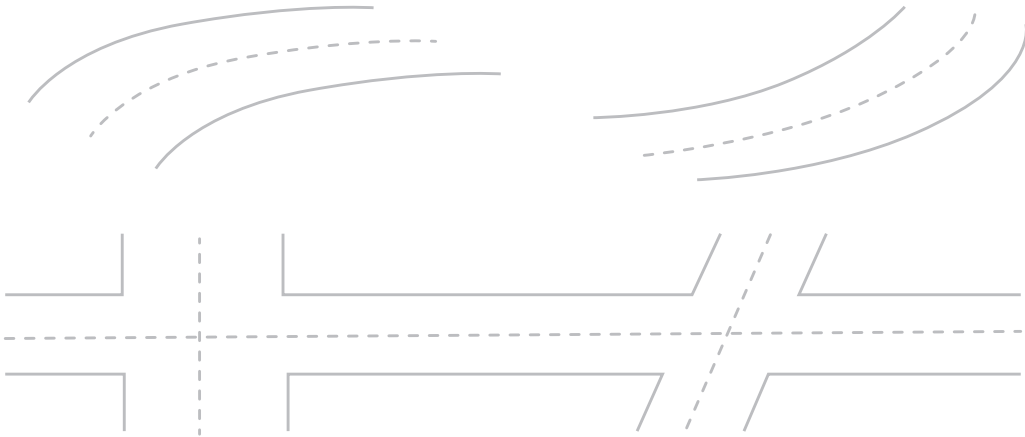
# POSITION OF VEHICLES INVOLVED IN ACCIDENT

Date of accident:

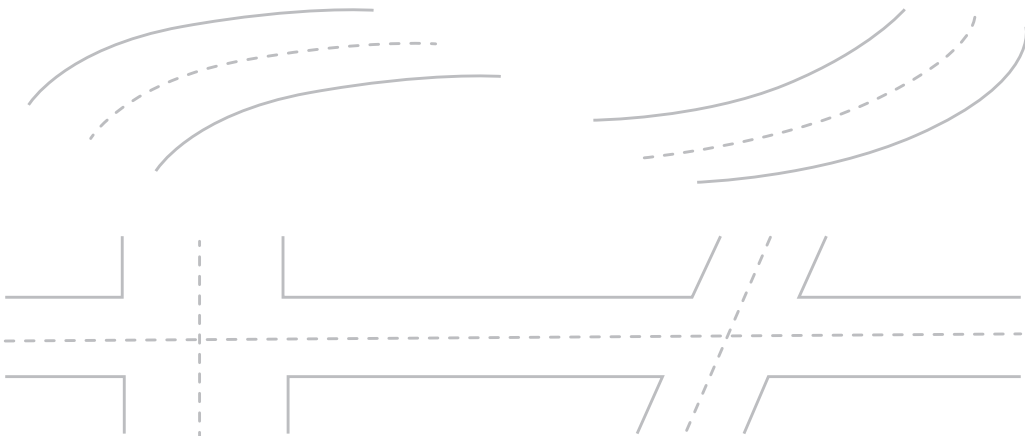
Time:

Location of the accident:

## i. Position After Impact



## ii. Position Upon Impact



## iii. Narration