]	AUTOMOBILE ACCIDENT REPORT   CLAIM NUMBER								1	IBC CLAIM FORM NO. 1					
POLICY HOLDER	INSURER						AGENT OR BROKER					POLICY NUMBER			
	NAME OF INSURED					RESIDENCE PHONE									
면															
չ	HOME ADDRESS					BUSINESS PHONE  BUSINESS ADDRESS  BOSTAL CODE									
°0∟	HOME ADDRESS POSTAL CODE					BUSINESS ADDRESS POSTAL CODE						'E 			
	REGISTERED OWNER						ADDRESS								
	ACTUAL OWNER						ADDRESS								
CLE						Z DIGITS) LICENCE PLATE NO.									
VEHICLE	MAKE OF VEHICLE	YEAR	MODEL	V	IN NO. (17	DIGITS)			1 1					OVINCE	TE NO.
	AU FAOF	DECOR	DE DAMANO.						I FOTI	1175 05		0.5			
	MILEAGE DESCRIBE DAMAMGE						ESTIMATE OF DAMAGE  Minor Medium Major								
	NAME OF DRIVER AGE STATE					E ANY PHYSICAL DISABILITIES HOW LONG DRIVING?									
	ADDRESS					BUSINESS ADDRESS									
	RESIDENCE PHONE - ( )					BUSINESS PHONE – ( )									
	DDIVED'S LICENCE NO			DROV	/ / OTATE /										
	DRIVER'S LICENCE NO. PROV / STATE					OF ISSUE PREVIOUS ACCIDENTS OR CONVICTIONS									
	DATE OF ACCIDENT				DARK		DUS	K	LOCATION	ON OF A	CCIDEN	NT.			
VER	DAYLIC							NTION	<u> </u>	5045	0011017	-10110			
DRIVER	PURPOSE VEHICLE USED FOR AT TIME OF ACCIDENT					WEATH	ER COND	ITION	5	ROAD	CONDIT	IONS			
	YOUR SPEED DIRECTION					OTHER"	S SPEED			DIREC	TION				
	TOOK SI EED	DIRECTION			STILLING STEED BINESTION			TION							
	POLICE INVESTIGATION BY:  REPORTE  LOCATION					D AT COLLISION CENTRE CHARGES									
						INVESTIGATOR:									
	HAD YOU TAKEN ANY ALCOHOLIC					WHO WAS RESPONSIBLE FOR THE ACCIDENT - REASON									
	BEVERAGES OR DRUGS PRIOR TO THE ACCIDENT YES NO														
	NAME PHONE					NAME PHONE									
SS	ADDRESS						ADDRESS								
OTHERS	YEAR AND MAKE OF VEHICLE LICENCE NO.					YEAR AND MAKE OF VEHICLE LICENCE NO.									
DAMAGE TO PROPERTY OF	NAME OF INSURER POLICY NO.					NAME OF INSURER POLICY NO.									
	DESCRIPTION OF DAMAGE					DESCRIPTION OF DAMAGE									
	WHERE CAN VEHICLE BE INCRECTED						WHERE CAN VEHICLE BE INCRECTED								
	WHERE CAN VEHICLE BE INSPECTED						WHERE CAN VEHICLE BE INSPECTED								
	NAME OF DRIVER PHONE					NAME OF DRIVER PHONE									
	ADDRESS					ADDRESS									
	DRIVER'S LICENCE NO. PROV/STATE OF ISSUE				ISSUE	DRIVER'S LICENCE NO. PROV/STATE OF ISSUE									

DETAILS OF ACT    Marie	SZ 9	ב	NAME	DATE OF BIRTH	ADD	PRESS	PHONE	NATURE OF INJURIES	HOSPITAL		
DETAILS OF ACC  NAME  NAME  NAME  ADDRESS  PHONE  PHONE  PHONE  PHONE  N WHICH CAR?  OTHER CAR#1  OTHER CAR#1  OTHER CAR#2  OTHER CAR#1  COMMENTS:  SHOW CARS THUS  YOU OTHER  IN WHICH CAR?  IN	ERSO	SOCKE SOCKE									
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OTHER CAR#2 OTHER  DESCRIPTION OF ACCIDENT (Please attach rough sketch of accident scene) (Illustrate position of cars at time of collision. Show skid marks.) (If any street is more than two-lane or is one way only, please indicate.)  SHOW CARS THUS YOU OTHER  A 1 I INDICATE DIRECTIONS  LABEL EACH STREET  DATE:  SIGNATURE OF DRIVER: SIGNATURE OF DRIVER:  SIGNATURE OF DRIVER:  SIGNATURE OF DRIVER:  WHAT IS DRIVER'S RELATIONSHIP TO YOU?	WIT	IN	WHICH CAR?			IN WHICH CAR?		IN WHICH CAR?			
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COMMENTS:    Date:   Signature of Driver:   Who is principal driver of Your Vehicle?   What is driver's relationship to You?	TOU STREK										
DATE:  SIGNATURE OF DRIVER:  WHO IS PRINCIPAL DRIVER OF YOUR VEHICLE?  WHO IS PRINCIPAL DRIVER OF YOUR VEHICLE?  WHAT IS DRIVER'S RELATIONSHIP TO YOU?	/ ;'	\				INDICATE					
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WAS VEHICLE BEING USED WITH YOUR CONSENT?  LIEN OR MORTGAGE ON VEHICLE TO:  SIGNATURE OF POLICYHOLDER:	6	WHO IS PRINCIPAL DRIVER OF YOUR VEHICLE? WHAT IS DRIVER'S RELATIONSHIP TO YOU?									
WAS VEHICLE BEING USED WITH YOUR CONSENT?  LIEN OR MORTGAGE ON VEHICLE TO:  SIGNATURE OF POLICYHOLDER:	TED										
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