

Accident Report Form

Policy No: _____

Insured Name: _____

Address: _____

Telephone No: _____

Email Address: _____

Date and time loss occurred: _____

Place loss occurred: _____

Briefly describe how loss or damage occurred:

Nature of damages (e.g. damaged bumper, lights, doors): _____

Were the police notified: Yes No Name of Police Station contacted: _____

Name of Police Officer: _____ Name of T/P driver: _____

License plate number of T/P driver: _____ Contact number of T/P driver: _____

Once your accident report has been submitted, you will be contacted by an ABI Insurance Claims Officer for further processing of your report. Please note however, if your report is submitted after 4:00pm, you will be contacted on the next business day.