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Give names and addresses of all witnesses

Passengers in Insured's vehicle	
Other Witnesses	
Employees	Names and Address of conductors, apprentices and employees in vehicle
If no names of witnesses taken, please state rea	son
Did Police Official witness accident or take par If not, to which Police or other Authority has ac	
DAMAGE TO INSURED VEHICLE State full details of damage parts	
Where can the vehicle be inspected?	
Estimated cost of repair	
Repairer's Name, Address, and Telephone	e No
WHERE THE POLICY PROVIDES INSURAL	NCE FOR DAMAGE TO THE VEHICLE, A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON D NOT BE PUT IN HAND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE
THRID PARTIES INVOLVED IN THE A State names and addresses of any passeng were at the time of the accident	ACCIDENT gers and/ or other persons sustaining injury and give nature of injury and stating exactly where they
Give the names and addresses of Owner a	and registered number of any vehicle concerned
	by such vehicle, or any property not belonging to yourself
If notice of Third Party claim has been give	
Where can the vehicle be inspected?	
•	ON IS RECEIVED, PLEASE FORWARD IT IMMEDIATELY UNANSWERED
I,respect, and I hereby leave in the hands litigation arising out of this accident and	declare the foregoing particulars to be true in every soft the Company in accordance with the Conditions of the Policy the conduct of all claims and to which the Policy applies, to deal with, to prosecute and /or settle as they think fit without further ll such information and assistance as the company may require.
Date	
Signature	