



Holburn Insurance Brokers

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Established 1983 | FSP Licence No. 30634

ACCIDENT AND WITNESS REPORT

OTHER PARTY

Name	
Residential Address	Address (Business)
Contact Number	Email address
Name of Employer (If applicable)	
Tel (Employer)	

OTHER VEHICLE

Registration Number:	Year / Make / Model
Brief description of damage:	

WITNESS

Name	
Address (Residential)	Address (Business)
Contact Number	Email address

WITNESS

Sketch of accident, including road signs, road names, position of robot and stop streets