



Use this form to report accidents, incidents, injuries, medical situations, or staff behaviour incidents. (Incidents involving a crime/traffic incident/damaged property should be reported directly to the Supervisor in-charge). If possible, the report should be completed within 3 days of the event. Submit completed forms to the Municipal Secretary's Office.

SIBU MUNICIPAL COUNCIL MOTOR VEHICLE ACCIDENT REPORT						<i>Follow instructions on other side</i>																									
ACCIDENT DATE	DAY OF WEEK	TIME	NUMBER OF VEHICLES	NUMBER KILLED	NUMBER INJURED	DID POLICE NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	POLICE REPORT NO.																								
Location of Accident			Route No. or Name of Street		If not intersection collision was between Road 1 _____ Road 2 _____ Distance from Road 1 _____																										
TYPE OF ACCIDENT (please tick one)		<input type="checkbox"/> Council's vehicle hit by another vehicle		<input type="checkbox"/> Hit a parked vehicle		<input type="checkbox"/> Hit moving vehicle																									
Your Vehicle Unit 1		Insurance Company		Other Vehicle Unit 2		Insurance Company																									
		Policy No.				Policy No.																									
Driver's License No.		Expiry Date / /		Driver's License No.		Expiry Date / /																									
Driver's Name				Driver's Name																											
Address				Address																											
Birth Date / /		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Telephone No.		Birth Date / /																									
Describe damage to vehicle Unit 1		Circle one of the 8 diagrams below if it adequately describes the accident or draw your own diagram in the space to the right		Indicate NORTH by putting arrow in the circle		Diagram Indicate North																									
		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>REAR END </td> <td>RIGHT TURN </td> </tr> <tr> <td>OVERTAKING </td> <td>RIGHT TURN </td> </tr> <tr> <td>LEFT TURN </td> <td>HEAD ON </td> </tr> </table>		REAR END 	RIGHT TURN 	OVERTAKING 	RIGHT TURN 	LEFT TURN 	HEAD ON 			Describe damage to vehicle Unit 2																			
REAR END 	RIGHT TURN 																														
OVERTAKING 	RIGHT TURN 																														
LEFT TURN 	HEAD ON 																														
Estimate cost to repair		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>INTERSECTION </td> <td>SIDE SWIPE </td> </tr> </table>		INTERSECTION 	SIDE SWIPE 			Estimate cost to repair																							
INTERSECTION 	SIDE SWIPE 																														
INJURED		Important : Number of injuries reported must be equal number entered in "Total Injured" box above. For additional injuries, provide the information on a separate piece of paper and attach.				Damage Codes: A=Severe, B=Moderate, C=Minor																									
Your Vehicle Unit 1		Name		Address		Sex	Birth Date																								
Other Vehicle Unit 2		Name		Address		Sex	Birth Date																								
VEHICLE DAMAGE		Unit 1 Important: Circle the numbers closest to the damaged areas. Damage Estimate (Required) RM..... <table style="width: 100%; text-align: center;"> <tr> <td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>			5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	3	2	1	Unit 2 Important: Circle the numbers closest to the damaged areas. Damage Estimate (Required) RM..... <table style="width: 100%; text-align: center;"> <tr> <td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>			5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	3	2	1
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PROPERTY DAMAGE		Describe what was damaged. Property damage includes structures, trees, fences, etc. Do NOT include vehicle damage.																													
Property Owner Full Name (Individual/Company)				Address		Telephone No.																									
SIGN HERE		Date of Report		Received by		Date of Report Received																									