

SCHOOLS INSURANCE AUTHORITY

(Effective as of 07/01/2015)

P.O. Box 276710

FULL
DETAILS
Of
Accident:

State in your own words how the accident occurred: _____

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Who in your opinion was at fault? _____

Why? _____

DIAGRAM

Witnesses Name: _____
Phone Number: _____

Name: _____