ACCIDENT REPORT FORM (ARF)

My Ref: ....................................................

From: Supervising Officer

To: Accountant-General

(1) Ministry/Department: ....................................................

(2) Particulars of Accident:
   i. Date: ....................................................
   ii. Time: ....................................................
   iii. Place: ....................................................

(3) Government Vehicle involved:
   i. Registration No: ....................................................
   ii. Type (e.g. Lorry, Van, Car): ....................................................

(4) Name of Government Driver: ....................................................

(5) Details of third party((ies) involved:
   i. Registration No: ....................................................
   ii. Owner’s name: ....................................................
   iii. Owner’s address: ....................................................
   iv. Driver’s name (if different from Owner): ....................................................
   v. Driver’s address: ....................................................
   vi. Vehicle type (e.g. Lorry, Van, Car): ....................................................
   vii. Name of Insurance company (if applicable): ....................................................
   viii. Address of Insurance Company: ....................................................

(6) Brief details of the circumstances of the accident: ....................................................
Particulars of the trip:

(7) i. Details of itinerary: ..............................................................

ii. Whether authorised (Yes/No)

iii. Name and Status of Authorising Officer:

iv. Whether driver was on official duty at time of accident (Yes/No)

(8) Name of person/s accompanying driver:

i. Status: ..............................................................

ii. Whether authorised (Yes/No):

iii. Name and Status of Authorising Officer:

(9) Assessment of Damages (Mechanical Engineer’s Report attached)

(10) Claim from Third Party (to attach copy, if any)

(11) Assessor’s travelling:

(12) General Remarks (Explanation of Controlling Officer to be given if trip was not authorised)

Name of Officer in Charge: ........................................... Designation: ...........................................
Signature: .............................................................. Date: ..............................................................
Email Address: .......................................................... Contact no: ..............................................

NOTE 1: Ministries/Departments should seek the information from the Police department.

NOTE 2: Parts 7 (ii) and 7 (iv) should under no circumstances be left blank.