

# 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<sup>1</sup>

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: .....

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- (7) Particulars of the trip:
  - i. Details of itinerary: .....
  - ii. Whether authorised (Yes/No)<sup>2</sup>: .....
  - iii. Name and Status of Authorising Officer: .....
  - iv. Whether driver was on official duty at time of accident (Yes/No)<sup>2</sup>: .....
- (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)  
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*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.