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VEHICLE INCIDENT REPORT

- **Document Code:** ADM-019
- **Version:** 1.0
- **Date:** 01/01/2025

Purpose: Records **accidents, damages, or breakdowns involving company vehicles** for liability and insurance purposes.

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Employee Name: _____

Designation: _____

Department: _____

Vehicle ID: _____

Driver Name: _____

Nature of Incident:

☐ Minor Damage ☐ Major Accident ☐ Mechanical Failure ☐ Theft ☐ Other: _____

Detailed Description of Incident:

Injuries Reported (If Any): ☐ Yes ☐ No

Witnesses (If Any): _____

Immediate Action Taken:

Insurance & Repair Status:

☐ Insurance Claim Filed ☐ Repair Scheduled ☐ Investigation Ongoing

📌 **Admin & Safety Officer Review:**

📌 **Reviewed By:** _____

📌 **Final Decision:** ☐ Disciplinary Action ☐ No Further Action ☐ Additional Training Required

Usage Instructions:

✅ Employees must **report any vehicle-related incidents within 24 hours**.

✅ The Admin Team **must assess the situation and arrange necessary repairs**.