



Policyholder's details

Mr. Mrs. Ms. First Name _____ Middle Name _____ Last Name _____
 Home Address (Street, Parish, Country) _____ Telephone (h) _____ Telephone (w) _____
 Business _____ Business Address (Street, Parish, Country) _____
 Occupation _____ Date of Birth (DD/MM/YY) _____ Email Address _____ Cell No. _____

Your Policy

Policy Number _____ Excess Applicable \$ _____ Coverage _____
 Insured Value \$ _____ Is Premium Paid YES NO Roadside Assistance YES NO

The Insured Vehicle

Registration No. _____ Year _____ C.C. _____ Chassis No. _____
 Make & Model _____ Left Hand Drive YES NO Engine No. _____
 Exactly what was vehicle being used for? _____
 Name of owner of vehicle _____ Was the vehicle being used with owner's consent? YES NO
 Specify any mortgage/hire purchase agreement on your vehicle: _____
 How many passengers were being carried? _____ Were they fare paying? YES NO
 If goods were being carried state (a) Owner _____ (b) Description _____

The Driver

Mr. Mrs. Ms. First Name _____ Middle Name _____ Last Name _____
 Home Address (Street, Parish, Country) _____ Telephone (h) _____ Telephone (w) _____
 Business _____ Business Address (Street, Parish, Country) _____
 Occupation _____ Email Address _____ Cell No. _____
 Is the driver employed by you YES NO State Year Licence Originally Passed _____ Type of Licence _____
 Driver's License No. (please attach photocopy) _____ Date of Issue (DD/MM/YY) _____ Date of Expiry (DD/MM/YY) _____ Date of Birth / I.D. No. (YY/MM/DD) _____
 Type of license _____ Date of Expiry _____
 What is the relationship of the driver to the policyholder? _____ Has the driver any motoring convictions/offenses or endorsements/suspensions? YES NO If yes, give details _____
 Has the driver had any previous accidents? YES NO If yes, give details _____
 Has the driver been drinking alcohol/taking drugs? YES NO
 Has the driver ever been refused any type of insurance? YES NO If yes, give details _____
 Does the driver own a vehicle? YES NO Where is the vehicle insured? _____
 Has the driver any physical infirmity or defective vision, lost of limb or eye? YES NO If yes, please give details _____

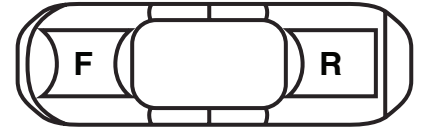
The Accident

Date of accident (DD/MM/YY) _____ Time _____ AM _____ PM _____ Location _____
 Were police at the scene? YES NO Were measurements taken? YES NO Was road surface paved or unpaved? P U
 Policeman's Name/No. _____ Police Station to which reported: _____
 Was either party warned for prosecution? YES NO If yes, please give details _____ Condition of road: _____
 Weather Conditions _____ What was your speed (a) before accident _____ (b) at the time of accident: _____
 Did you give any warning signal? YES NO Were your lights turned on? YES NO
 Whom do you consider responsible for the accident? Give details _____

Damage to Insured Vehicle

State damage to vehicle: (and indicate on drawing)

Point of Impact: Mark XXXX
Direction of Impact - use arrows



Where can vehicle be inspected? _____

Have you obtained an estimate for repairs? YES NO If yes, please provide a copy

Is vehicle still in use? YES NO

Persons Connected With Accident & Personal Injuries. After Name State Whether Driver (D), Pedestrian (PE), Passenger (PA) or Witness (W)

No. 1	Name _____ D <input type="radio"/> PE <input type="radio"/> PA <input type="radio"/> W <input type="radio"/> Address _____
	(Telephone _____) Age _____ Nature of Injuries _____ Where Treated _____
No. 2	Name _____ D <input type="radio"/> PE <input type="radio"/> PA <input type="radio"/> W <input type="radio"/> Address _____
	(Telephone _____) Age _____ Nature of Injuries _____ Where Treated _____
No. 3	Name _____ D <input type="radio"/> PE <input type="radio"/> PA <input type="radio"/> W <input type="radio"/> Address _____
	(Telephone _____) Age _____ Nature of Injuries _____ Where Treated _____
No. 4	Name _____ D <input type="radio"/> PE <input type="radio"/> PA <input type="radio"/> W <input type="radio"/> Address _____
	(Telephone _____) Age _____ Nature of Injuries _____ Where Treated _____

Other Vehicle or Property Connected with Accident

Vehicle / Property	Name of Owner _____ Make & Model _____ Registration No. _____
	Address _____ Name of Insurer _____
	(Telephone _____) Driver's Name _____ Date of Birth / I.D. No. (YY/MM/DD) _____
	Address _____ Occupation _____
	Description of Damage _____ Details of Damage of Other Property _____
Vehicle / Property	Name of Owner _____ Make & Model _____ Registration No. _____
	Address _____ Name of Insurer _____
	(Telephone _____) Driver's Name _____ Date of Birth / I.D. No. (YY/MM/DD) _____
	Address _____ Occupation _____
	Description of Damage _____ Details of Damage of Other Property _____
Vehicle / Property	Name of Owner _____ Make & Model _____ Registration No. _____
	Address _____ Name of Insurer _____
	(Telephone _____) Driver's Name _____ Date of Birth / I.D. No. (YY/MM/DD) _____
	Address _____ Occupation _____
	Description of Damage _____ Details of Damage of Other Property _____

ALL COMMUNICATIONS RECEIVED FROM/OR ON BEHALF OF ANY CLAIMANT MUST BE FORWARDED TO US IMMEDIATELY. I/WE HEREBY DECLARED THAT THE FOREGOING PARTICULARS GIVEN ARE TRUE IN EVERY RESPECT.

	Seen	Copied		Seen	Copied
Driver's License	<input type="radio"/>	<input type="radio"/>	Certificate of Insurance	<input type="radio"/>	<input type="radio"/>
Identification Card	<input type="radio"/>	<input type="radio"/>			

Signature of Policyholder _____

_____/_____/_____
 Date of Issue (DD/MM/YY)

DIAGRAM OF THE ACCIDENT

