



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 _____

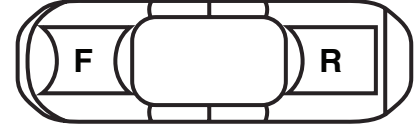
The Accident

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

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)

STATEMENT (to be completed by Driver)

Give details of the accident or loss as it occurred (in all cases of theft of vehicle, please advise Chassis No., Engine No., colour of vehicle, special features and date/time when notified to Police)

Whom do you consider responsible for the accident? Give details.

I/We hereby declare that the foregoing particulars by me/us are true in every respect.

Driver’s Signature _____

____/____/____-____-____
Date of Birth / I.D. No. (YY/MM/DD)

____/____/____
Date (DD/MM/YY)

Insured’s Signature _____

(Please use next page for a diagram of the accident)

DIAGRAM OF THE ACCIDENT

