

CLAIM NO \_\_\_\_\_

### **Road User**

TO BE USED FOR ALL MOTOR VEHICLE ACCIDENTS.

PART 1 DETAILS OF POLICYH	OLDER		
Insured Name: First	Middle	Las	t
Policy No		Date of Birth (DD/MM/YY)	)
Street Address: No./Street Name			
Address Line 2			
Town/Parish/Island		Post Code	Country
Mailing Address			
Town/Parish/Island		Post Code	Country
E-mail Address		Cellular Telephone	
Work Telephone		Home Telephone	
PART 2 DETAILS OF DRIVER A	AT THE TIME OF THE A	CCIDENT	
Driver Name: First	Middle	Last	
Street Address: No./Street Name			
Address Line 2			
Town/Parish/Island		Post Code	Country
Mailing Address			
Town/Parish/Island		Post Code	Country
E-mail Address		Date of Birth (DD/MM/YY)	Age
Work Telephone		Home Telephone	
Cellular Telephone		Are you the owner of the	ne vehicle? □ Yes □ No
If No, what is your relationship with the	ne owner?		
Under what circumstances did you ob	otain the vehicle?		
State the purpose for which the vehic	cle was being used		
Were you sober at the time of the Ac	cident? 🗆 Yes 🗖 No		
Do you hold a valid Drivers Licence?	☐ Yes ☐ No	If Yes, provide a photocopy	of your licence and the followin
Licence Number Licence Cla	ass Issue Date (	DD/MM/YY) Expiry Date (DI	D/MM/YY) National Insurance No
Have you had any convictions as the		· ·	☐ Yes ☐ No
Have you ever been declined or refus			☐ Yes ☐ No
Have you ever been prosecuted or per Do you have any physical defect, infin			☐ Yes ☐ No ☐ Yes ☐ No
Have you been involved in any accide	- ·	gitt of flearing:	☐ Yes ☐ No
If you answered Yes to any of the abo		ovide details below:	- · · · <del>-</del> · · ·



# **Road User**

PART 3	DETAILS OF TH	IE ACCIDENT				
Date of acci	ident (DD/MM/YY): _	Ti	me of accident	Estimated	speed of your vehicle	kph
Place of acc	cident					
Description	of damage to you	r vehicle				
NB: Please p	orovide an estimat	e for the repairs to th	ne vehicle.	ttached		
Were there	any other vehicles	involved in the accid	dent? □ Yes □ No	o If Yes, please r	provide the following deta	ils:
		Vehicle 1	Vehicle		Vehicle 3	
Owner Nam	ne					
Owner Add	ress					
Phone No.						
E-mail Driver Name	9					
Driver Addr						
211101710101						
Phone No.						
E-mail						
Insurance C						
Make/Mode	<u> </u>					
Colour						
Licence No.  Damage						
Damage						
Est. speed						
Lights used	?					
Were there	any persons injure	d in the accident?	☐ Yes ☐ No If Ye	es, please provide	the following details:	
		Person 1			Person 2	
Name						
Address	_					
Date of Birt	h (D/M/Y)					
Phone No.						
E-mail						
Nature of Ir	njury					
Did you cau	se any damage to	public or private pro	perty?   Yes	No If Yes, please	e provide the following de	tails:
Ow	ner Name	Addı	ress	Phone No.	E-mail	
Natur	e of Damage					



# **Road User**

Were the police in attendance?	☐ Yes ☐ No If Yes, please provid	de the following details:		
Officer's Name	Badge No.	Division	Telephone No.	
Are you, or any other party, being	g charged with any traffic offences a	as a result of this accident? $\Box$	Yes □ No	
If Yes, please provide details				
Were there any passengers in the	e vehicle? 🛘 Yes 🗘 No 🏻 If Yes, pl	ease give their names:		
Were seat belts used? ☐ Yes ☐	□No			
Were there any witnesses other t	than the person(s) involved in the ac	cident?  Yes  No If Yes, p	provide these details:	
Name	Address	Tel. No. E-	mail Address	
1. 2.				
	 t fault? □ Yes □ No If No, provi	de details of the party respons	ihle:	
Name	Address	Contact No. Licence No.	Insurance Company	
PART 4 DETAILS OF VEHI	CLE			
Make	Model	Colour		
Registration No.	Chassis No	Engine No.		
Marks or other special features to	help establish identity of the vehicl	e		
Is the insured vehicle the subject	of a loan? ☐ Yes ☐ No If Yes, a	are the payments up to date?	☐ Yes ☐ No	
If Yes, please provide the name of the Lender and Loan Officer:				
PART 5 DETAILED DESCR	IPTION OF HOW THE ACCIDENT (	OCCURRED		



### **Road User**

PART 6 EXPLANATORY SKETCH OF THE ACCIDENT SITE

#### PART 7 DECLARATION BY THE CLAIMANT

I/We understand and agree to the payment of the policy deductible as stated on the Policy Schedule. I/We declare that the above statements and particulars are complete and correct, and no material fact has been misrepresented, misstated or withheld. I/We hereby agree to immediately declare any additional details or any subsequent change in circumstances that may affect the accuracy of the information. If this form has been completed by anyone else, that person is my/our agent for that purpose and not the agent of CG Atlantic General Insurance Ltd. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

NB: Both the Driver and the Owner of the Insured vehicle must sign below.

Driver's Name	_Driver's Signature	_Date
Owner's Name	Owner's Signature	Date

**CG Atlantic General Insurance Ltd.** Atlantic House, 2nd Terrace & Collins Avenue, Nassau, Bahamas PO Box N-3540, Nassau, Bahamas | Tel 242 326 7100 | Fax 242 325 0948 | www.CGCoralisle.com

Personal and Business Insurance

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