



Road User

TO BE USED FOR ALL MOTOR VEHICLE ACCIDENTS

PART 1 DETAILS OF POLICYHOLDER

Insured Name: First _____ Middle _____ Last _____

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 AT THE TIME OF THE ACCIDENT

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 vehicle? Yes No

If No, what is your relationship with the owner? _____

Under what circumstances did you obtain the vehicle? _____

State the purpose for which the vehicle was being used _____

Were you sober at the time of the Accident? Yes NoDo you hold a valid Drivers Licence? Yes No If Yes, provide a photocopy of your licence and the following:

Licence Number	Licence Class	Issue Date (DD/MM/YY)	Expiry Date (DD/MM/YY)	National Insurance No.

Have you had any convictions as the result of an accident in the past 3 years? Yes NoHave you ever been declined or refused renewal for vehicle insurance? Yes NoHave you ever been prosecuted or penalized for an endorsable motor offence? Yes NoDo you have any physical defect, infirmity or impairment of sight or hearing? Yes NoHave you been involved in any accidents in the past 5 years? Yes No

If you answered Yes to any of the above questions, please provide details below:



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PART 3 DETAILS OF THE ACCIDENT

Date of accident (DD/MM/YY): _____ Time of accident _____ Estimated speed of your vehicle _____ kph

Place of accident _____

Description of damage to your vehicle _____

NB: Please provide an estimate for the repairs to the vehicle. Attached

Were there any other vehicles involved in the accident? Yes No If Yes, please provide the following details:

	Vehicle 1	Vehicle 2	Vehicle 3
Owner Name			
Owner Address			
Phone No.			
E-mail			
Driver Name			
Driver Address			
Phone No.			
E-mail			
Insurance Co.			
Make/Model			
Colour			
Licence No.			
Damage Description			
Est. speed			
Lights used?			

Were there any persons injured in the accident? Yes No If Yes, please provide the following details:

	Person 1	Person 2
Name		
Address		
Date of Birth (D/M/Y)		
Phone No.		
E-mail		
Nature of Injury		

Did you cause any damage to public or private property? Yes No If Yes, please provide the following details:

Owner Name	Address	Phone No.	E-mail
Nature of Damage			



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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 _____