



Road User

TO BE USED FOR ALL MOTOR VEHICLE ACCIDENTS

PART 1 DETAILS OF POLICYHOLDER

Full Name of Insured _____

Policy No. _____ Date of Birth _____

Street Address _____

Mailing Address _____

E-mail Address _____ Cellular Telephone _____

Work Telephone _____ Home Telephone _____

PART 2 DETAILS OF DRIVER AT THE TIME OF THE ACCIDENT

Full Name _____

Street Address _____

Mailing Address _____

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 No

Do you hold a valid Bahamian Drivers Licence? Yes No

If Yes, please provide the following details along with a photocopy of your driver's licence:

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

Have you had any convictions as the result of an accident in the past 3 years? Yes No

Have you ever been declined or refused renewal for vehicle insurance? Yes No

Have you ever been prosecuted or penalized for an endorsable motor offence? Yes No

Do you have any physical defect, infirmity or impairment of sight or hearing? Yes No

Have 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: _____



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PART 3 DETAILS OF THE ACCIDENT

Date of accident (DD/MM/YY) _____ Time of accident _____

Place of accident _____

_____ Estimated speed of your vehicle _____ mph

If your vehicle was damaged prior to the accident, please give details ? _____

Description of damage to your vehicle as a result of this accident: _____

NB: Please provide an estimate for the repairs to the vehicle. _____ AttachedWere 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, 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		



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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			

Were the police in attendance? Yes No If Yes, please provide the following details:

Officer's Name	Badge No.	Division	Telephone No.

Are you, or any other party, being charged with any traffic offences as a result of this accident? Yes No

If Yes, please provide details: _____

Were there any passengers in the vehicle? Yes No If Yes, please give their names:

Were seat belts used? Yes NoWere there any witnesses other than the person(s) involved in the accident? Yes No If Yes, provide these details:

Name	Address	Tel. No./E-mail Address
1.		
2.		

Do you consider yourself to be at fault? Yes No If No, provide details of the party responsible:

Name and Address	Telephone/Cellular Number	Licence No.	Insurance Company

PART 4 DETAILS OF VEHICLE

Make _____ Model _____ Colour _____

Registration No. _____ Chassis No. _____ Engine No. _____

Marks or other special features to help establish identity of the vehicle _____

Is the insured vehicle the subject of a loan? Yes No If Yes, are the payments up to date? Yes No

If Yes, please provide the name of the Lender and Loan Officer: _____

PART 5 DETAILED DESCRIPTION OF HOW THE ACCIDENT OCCURRED



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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 Security and General Insurance. (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 _____