

PROPOSAL FORMSUPPLEMENTAL SHEET

Road User

PART 1 SUPPLEMENTAL: DETAILS OF ACCIDENTS, CLAIMS OR LOSSES

If any of the named drivers has had any motor accidents, claims and/or losses in the last five (5) years please provide details below:

Driver Name	Date of Incident	Time of Incident	No. of vehicles involved	Total Value of Claim			
				\$			
Full Details of Accident/Claim/Loss:							
Charged with or convicted of an offence? □ No □ Yes - Details:							
Was anyone injured? □ No □ Yes - Details:							
Did Loss involve fire or theft of the vehicle? □ No □ Yes - Details:							
Driver Name	Date of Incident	Time of Incident	No. of vehicles involved	Total Value of Claim			
Dilver Name	Date of melderic	Time of melden	Tro. or verneles inverved	\$			
Full Details of Accident/Claim/Loss:							
Charged with or convicted of an offence? No Yes - Details:							
Was anyone injured? □ No □ Yes - Details:							
Did Loss involve fire or theft of the vehicle?	No □ Yes - Detail	S:					



PROPOSAL FORM

SUPPLEMENTAL SHEET

Road User

Driver Name	Date of Incident	Time of Incident	No. of vehicles involved	Total Value of Claim			
				\$			
Full Details of Accident/Claim/Loss:							
Charged with or convicted of an offence? □ No □ Yes - Details:							
Was anyone injured? ☐ No ☐ Yes - Details:							
Did Loss involve fire or theft of the vehicle? ☐ No ☐ Yes - Details:							
Did Loss involve life of their of the vehicle: Lino Lifes - Details.							
Driver Name	Date of Incident	Time of Incident	No. of vehicles involved	Total Value of Claim			
				\$			
Full Details of Accident/Claim/Loss:							
Charged with or convicted of an offence? □ No □ Yes - Details:							
Was anyone injured? □ No □ Yes - Details:							
Did Loss involve fire or theft of the vehicle? ☐ No ☐ Yes - Details:							
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I acknowledge that this Proposal Form Supp of that Form.	iernentai Sheet is	part of the Propo	osai Form and is subjec	to the Declaration			
Applicant's Signature			Date				
Application of the state of the							

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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