



**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  No

Do you hold a valid Bahamian 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  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 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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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  No

Were 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	Address	Contact No.	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



**ATLANTIC**  
GENERAL

ACCIDENT CLAIM FORM

**Road User**

**PART 6** EXPLANATORY SKETCH OF THE ACCIDENT SITE



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**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.)

**Data Protection Declaration:**

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG Atlantic General Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG Atlantic General Insurance Ltd. processing my personal data, in accordance with CG Atlantic General Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG Atlantic General Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG Atlantic General Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

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 \_\_\_\_\_