



## MOTOR CLAIM FORM

PLEASE COMPLETE THE ATTACHED FORM COMPLETELY IN ORDER FOR US TO PROVIDE THE PROPER COVER.

REPLACE THE "NOT APPLICABLE" TEXT IN THE FIELDS WITH YOUR ANSWERS OR STATEMENTS BY PRESSING DELETE ON THE HIGHLIGHTED TEXT IN THE FORM FIELD THEN TYPING.

WHEN THE FORM IS COMPLETE, SELECT THE "SAVE" TAB AT THE BOTTOM LEFT OF THE FORM TO SAVE A COPY FOR YOUR RECORDS THEN SELECT THE "SUBMIT" BUTTON TO EMAIL THE FORM TO US VIA YOUR EMAIL CLIENT.

ALTERNATIVELY, YOU CAN EMAIL US YOUR SAVED COPY AS AN ATTACHMENT.

SHOULD WE REQUIRE ANY ADDITIONAL INFORMATION, WE WILL CONTACT YOU AND IF NEEDED AMMEND THE FORM SENDING YOU THE COMPLETED COPY TO SIGN VIA "RIGHT SIGNATURE" – A ELECTRONIC SIGNATURE SERVICE.

### SIGNING VIA RIGHTSIGNATURE

1. OPEN EMAIL AND SELECT "REVIEW & SIGN DOCUMENT".
2. ACCEPT THE "ELECTRONIC SIGNATURE DISCLOSURE".
3. SCROLL DOWN THE DOCUMENT TO REVIEW.
4. WHEN FINISHED, CLICK ON THE SIGNATURE PAD & SIGN THE DOCUMENT.
5. SELECT SUBMIT SIGNATURE.

YOUR WILL RECEIVE A COPY OF THE SIGNED FORM VIA EMAIL FOR YOU RECORDS.

Thank you for choosing Abaco Insurance Agency!

# BAHAMAS FIRST GENERAL

*Insurance Company Limited*

## AUTOMOBILE ACCIDENT REPORT

**Insured:**

**Third Party:**

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Insurer:

Claim Number:

Policy Number:

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Insured:

Address:

Phone:

Phone:

Phone:

Email:

Date of Birth:

Driver's License Number:

National Insurance Number:

Occupation:

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### **Vehicle:**

Registered Owner:

Loss Payee:

Branch:

Make:

Model:

Vehicle Identification Number:

License Number:

Description of Damage:

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**Driver**

Name:

Address:

Date of Birth:

Driver's License Number:

Has the driver any Previous Accidents/Convictions:

Has the driver any physical disabilities:

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**Damage to Property of Others**

Name:

Address:

Phone:

Driver's License Number:

National Insurance Number:

Insurer:

Policy Number:

Property Description:

Damage Description:

When & Where can the property be inspected:

Name:

Address:

Phone:

Driver's License Number:

National Insurance Number:

Insurer:

Policy Number:

Property Description:

Damage Description:

When & Where can the property be inspected:

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Name:

Address:

Phone:

Driver's License Number:

National Insurance Number:

Insurer:

Policy Number:

Property Description:

Damage Description:

When & Where can the property be inspected:

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## Persons Injured

Name:

Age:

Phone:

Email:

Nature of Injury:

Hospitalized:

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Name:

Age:

Phone:

Email:

Nature of Injury:

Hospitalized:

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Name:

Age:

Phone:

Email:

Nature of Injury:

Hospitalized:

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Name:

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Name:

Age:

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Nature of Injury:

Hospitalized:

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**Witnesses**

Name:

Phone:

Email:

In which car:

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Name:

Phone:

Email:

In which car:

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Name:

Phone:

Email:

In which car:

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Name:

Phone:

Email:

In which car:

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**Description of Accident**

Date & time of Accident:

Purpose the vehicle was being used for at the time of the accident:

Location of accident:

Your speed:                      Other's speed:                      Was horn Sounded?

Weather Conditions:

Did Police Investigate?

Were any charges filed?

Was there any consumption of alcohol or drugs prior to the accident?

Who was responsible for the accident?

Please describe the accident?

Signature of Driver:

Date:

Who is the principal driver of your vehicle?

What is the driver's relationship to you?

Was your vehicle being used with your consent?

Is your vehicle subject to a loan? (If yes, give details):

Disclaimer:

I agree that the claims advisor/examiner has explained the claims process and that I, the Insured/Claimant, understand the process and procedures to be undertaken to bring this matter to conclusion based on the parameters that were explained. I also agree that any information may be shared, where necessary, to any party in determining the circumstances of this loss, in accordance with the Data Protection Act.

Signature:

Dated: