

## Road User

TO BE USED FOR ALL MOTOR VEHICLE ACCIDENTS

### PART 1 DETAILS OF POLICYHOLDER

Full Name of Insured \_\_\_\_\_

Policy No. \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Please provide the following details along with a colour photocopy of your driver's licence:

Licence Number	Licence Class	Issue Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Date of Birth (dd/mm/yy)	Age

### PART 2 DETAILS OF DRIVER / RIDER 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? \_\_\_\_\_

Were you sober at the time of the Accident?  Yes  No

Do you hold a valid Cayman Islands Drivers Licence?  Yes  No

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

Licence Number	Licence Class	Issue Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Date of Birth (dd/mm/yy)	Age

Have you committed any traffic offences in the last five years?  Yes  No

If Yes, please provide details \_\_\_\_\_

Have you had any motor accidents in the last five years?  Yes  No

If Yes, please provide details: \_\_\_\_\_

Have you filed a motor vehicle claim with BritCay or any other insurance company in the last five years?  Yes  No

If Yes, please provide details: \_\_\_\_\_

## Road User

**PART 3** DETAILS OF THE ACCIDENT

Date of accident (dd/mm/yy): \_\_\_\_\_ Time of accident \_\_\_\_\_ am / pm

Place of accident: \_\_\_\_\_

\_\_\_\_\_ Estimated speed of your vehicle: \_\_\_\_\_ kph

Description of damage to your vehicle: \_\_\_\_\_

NB: please provide an estimate for the repairs to your vehicle.

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, Colour, Licence No.			
Damage Description			

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			

### Road User

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 there any witnesses other than the person(s) involved in the accident?  Yes  No If Yes, please provide the following 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 \_\_\_\_\_

**PART 5** OTHER INTERESTS

If the insured vehicle is the subject of a loan, please provide the name of the Lender and Loan Officer:

\_\_\_\_\_

**PART 6** DETAILED DESCRIPTION OF HOW THE ACCIDENT OCCURRED

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## Road User

**PART 7** EXPLANATORY SKETCH OF THE ACCIDENT SITE**PART 8** DECLARATION BY THE CLAIMANT

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 British Caymanian Insurance Company Limited. (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 \_\_\_\_\_

**British Caymanian Insurance Company Limited** BritCay House, 236 Eastern Ave, George Town, Grand Cayman, Cayman Islands  
PO Box 74, Grand Cayman, KY1-1102 Cayman Islands | Tel 345 949 8699 | Fax 345 949 8411 | [www.CGCoralisle.com](http://www.CGCoralisle.com)

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