

## Road User

### PART 1 DETAILS OF THIRD PARTY OWNER/DRIVER/VEHICLE

TP Vehicle Owner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

TP Vehicle Driver Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Drivers Licence Number	Licence Class	Issue Date (DD/MM/YY)	Expiry Date (DD/MM/YY)

TP Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_

Registration No. \_\_\_\_\_ Insurer \_\_\_\_\_ Value \_\_\_\_\_

Is the vehicle drivable?  Yes  No If No, where is it located? \_\_\_\_\_

Description of Damages \_\_\_\_\_

### PART 2 DETAILS OF BRITCAY INSURED/DRIVER/VEHICLE

Policyholder Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Vehicle Driver Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Reg. No. \_\_\_\_\_ Colour \_\_\_\_\_

### PART 3 DETAILS OF ACCIDENT

Date of accident (DD/MM/YY) \_\_\_\_\_ Time of accident \_\_\_\_\_ am / pm

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

Details of accident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did Police attend?  Yes  No If Yes, please attach a copy of the accident slip. Attached?  Yes  No

Please indicate your team at the time of the accident \_\_\_\_\_ mph

Were there witnesses other than the person(s) involved in the accident?  Yes  No If Yes, please provide these details:

	Witness 1	Witness 2
Name		
Address		
Contact No.		
Email		

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

\_\_\_\_\_

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**PART 4** EXPLANATORY SKETCH OF THE ACCIDENT SITE

**PART 5** DETAILS OF INJURIES

Was the Driver named above injured in the accident?  Yes  No If Yes, please provide details: \_\_\_\_\_

Were any passengers injured in the accident?  Yes  No If Yes, please provide these details:

	Passenger 1	Passenger 2
Name		
Date of Birth		
Contact No.		
Email		
Details of Injury		

Were all parties wearing seatbelts at the time of the accident?  Yes  No

Did an ambulance attend the scene of the accident?  Yes  No If Yes, to which hospital was the injured party(ies) taken?

\_\_\_\_\_ Name of attending Physician: \_\_\_\_\_

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**PART 6** DECLARATION BY THE CLAIMANT(S)

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 BritCay. (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 vehicle must sign below.

TP Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

TP Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Injured Party Signature \_\_\_\_\_ Date \_\_\_\_\_