

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 _____

Do you hold a valid Bermuda 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)

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? _____

Do you hold a valid Bermuda 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)

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 Coralisle 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

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

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 Coralisle. (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 _____

Coralisle Insurance Company Ltd. Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda
PO Box HM 1559, Hamilton HM FX, Bermuda | Tel 441 296 3700 | Fax 441 295 9044 | www.CGCoralisle.com

Personal and Business Insurance

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

Rev. 08-20