



# Caribbean Insurers Ltd.

## Automobile Claim Form

### Important Information:

- Please fill in all sections of this form. A fully completed form will help us deal with your claim more efficiently. If a question does not apply to your claim, please answer "N/A".
- If you need any more space to answer questions, please use a separate sheet and attach it to this form.
- Please submit original documents in support of your claim.
- If you knowingly give any untrue or false information the insurer has the right to refuse your claim.
- Caribbean Insurers Ltd does not admit any liability by issuing this form.

### Please use BLOCK CAPITALS

### Details of Policyholder:

Title (Dr., Mr., Mrs., Miss etc.):	First Name:	Middle Initial:
Surname:		
Policy Number:		
Mailing Address:		
Email Address:		
Daytime Telephone Number:	Cell Number:	
When during the day is the best time to contact you?		

### Insured Vehicle:

Vehicle license number:	Chassis number:
Make:	Model:
Left or Right hand drive:	Year of manufacture:
Was the vehicle towing a trailer at the time of the incident? Yes ( ) No ( )	
If yes, please provide details of the trailer:	
Is there any outstanding finance agreement on the vehicle? Yes ( ) No ( )	
If yes, please provide the name of the lender:	
Give a brief description of the damage to the vehicle:	
What was the vehicle being used for at the time of the incident?	
Where is the vehicle now?	

### Driver Details (This may differ from the policyholder):

Full name of the driver at the time of the incident:
Residential Address:
Occupation:



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Does the driver own the vehicle?	Yes ( )	No ( )
If no, does the owner pay the driver to drive the vehicle?	Yes ( )	No ( )
Was the driver driving with the policyholder's permission?	Yes ( )	No ( )
Are there any prosecutions or convictions pending/arising from this incident?	Yes ( )	No ( )
If yes, please provide details:		
Does the driver have any previous convictions or prosecutions pending?	Yes ( )	No ( )
If yes, please provide details:		
Has the driver had any previous accidents or claims?	Yes ( )	No ( )
If yes, please provide details:		
Does the driver hold a motor insurance policy in their own name?	Yes ( )	No ( )
If yes, please provide their name and policy number:		
How long has the driver held a license? Years:		Months:
Licence Number:		
Date of Issue:		

### Circumstances of the Incident:

Where did the incident happen?
Date and time of the incident:
What were the driving conditions like at the time?
How fast was your vehicle going?
What was the speed limit?
Were the police in attendance of the incident? Yes ( ) No ( )
If yes, please state: Name of Officer: _____ Which Station: _____
If a pedestrian was involved, was he or she on a pedestrian crossing? Yes ( ) No ( )
If no, was there a crossing nearby? Yes ( ) No ( )
Please give full details of the incident:
Do you think that the person driving your vehicle was to blame for the incident? Yes ( ) No ( )



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Please list any witnesses and their contact details below:

### Details of other drivers and vehicles involved:

Was another vehicle involved in the incident? Yes ( ) No ( )

Name and contact details of the driver of the other vehicle:

Registration number:

Make and model:

Name and contact details of the other driver's insurer:

Policy Number:

Apparent damage to the other vehicle:

Did anybody sustain any injuries in the incident? Yes ( ) No ( )

If yes, please provide details below:

### Fire or theft details (if applicable):

Date and time of fire or theft:

Date and time somebody was last with the vehicle:

Where was the vehicle at the time of the fire or theft?

Was the vehicle locked? Yes ( ) No ( )

Were there any witnesses? Yes ( ) No ( )

If yes, please provide their contact details:

Police report number and name of officer:

Please describe exactly what happened:



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### Declaration

#### Data Protection:

Caribbean Insurers Ltd, may use the personal data that you supplied for the purposes of insurance administration. This data may be disclosed to the insurers and regulatory bodies for the purposes of administering and regulating your insurance. Your information may also be used for offering renewal, conducting research, statistical purposes and crime prevention. We may share these details with other insurance organizations (such as Loss Adjustors, or Investigators) to help handle claims. Your details will at all times be held securely and handled with the utmost care.

#### Law applicable to Contract:

Caribbean Insurers Ltd is authorized and regulated by the British Virgin Islands Financial Services Commission.

#### Declaration:

1. I/We declare to the best of my/our knowledge and belief that the information given on this form is true and complete in every respect.
2. No information relevant to the claim is omitted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (if joint): \_\_\_\_\_ Date: \_\_\_\_\_

#### **IMPORTANT NOTICE:**

*Failure to disclose material facts could result in your contract being invalidated/cancelled, a claim not being paid or difficulty in obtaining insurance in the future. If you are in doubt as to whether a fact is material you should disclose it. A copy of this proposal form is available on written request. Full details of the cover provided appears in the policy document a copy of which is available on request.*