MOTOR ACCIDENT REPORT FORM

E-mail:

Fax:

Return to: J.S. Johnson & Company Ltd

P.O. Box N-8337 Nassau, Bahamas info@jsjohnson.com (242) 323 3720

IMPORTANT: PLEASE ANSWER EVERY QUESTION - DO NOT LEAVE BLANKS

CLIENT Client's Full Name: Policy Number: Street Address: Policy Inception: **Occupation: Policy Expiry: Place of Employment:** Telephone (Home): F-mail Contact: Telephone (Cell): Telephone (Work): **YOUR VEHICLE** Year: Model: Serial#: Plate#: Are you the registered owner? Yes No If No, state owner's name: Is the vehicle subject to a finance agreement: Yes No If Yes, name finance company: DRIVER OR PERSON IN CHARGE OF INSURED VEHICLE P.O. Box: Name: Telephone (Home): **Street Address:** Telephone (Cell): **E-mail Contact:** Telephone (Work): Occupation: **Place of Employment:** DOB: Licence #: **Expiry Date:** Does the driver: have any physical disabilities Yes No If so, describe: Has the driver had any accidents in the past 3 years? Yes No If Yes, give dates & details: **USE OF VEHICLE** What was the vehicle used for at the time of the occurrence? What goods were being carried? Give full particulars of damage to vehicle **WITNESSES** NAME: **ADDRESS: PHONE NUMBER: Passengers:** Independent: WHICH SEAT **INJURIES** NAME: ADDRESS: **INJURIES: VEHICLE: BELT:** THIRD PARTIES **ADDRESS & DRIVER'S ADDRESS & INSURERS:** Make & reg # of vehicle OWNER'S or desc. of property NAME: NAME: TEL. NO.: TEL. NO.:

PARTICULARS OF ACCIDENT	- -	
Date of Accident	Time	
Exactly where did it happen?		
Give any road signs		
Was any vehicle being driven with s	idelights/headlights on?	
What were the road and weather co	nditions?	
What was the speed of the vehicle (a) prior to the accident (M.I ——	P.H.) (b) on impact (M.P.H.)
Was the horn sounded?		
Explain exactly what happened		
Place do a skatch showing the road	I(s) involved and positions	of the vehicle(s) involved, before and after impact:-
riease do a sketch showing the roat	its, ilivolved alla positions	of the vehicle(s) involved, before and after impact.
DEGLADATION WILLEL MUST DE COMPLETED DY DOLLGY LIQUED DE COMPLETED DE C		
DECLARATION WHICH MUST BE COMPLETED BY POLICY HOLDER AND DRIVER:		
I/We hereby declare that the above details are true and accurate to the best of my/our knowledge and belief. I authorize the insurers and/or their agents to deal with this matter as they think fit.		
Signature of Policy Holder		Signature of Driver
Date		
All communications received from or on behalf of any claimant must be forwarded immediately unanswered. Under no circumstances must liability be admitted.		