

Vehicle Insurance Policy

INCIDENT REPORT

It is essential that all questions are fully answered whether or not a claim is made against the policy. This form must be dated and signed by the registered owner(s).

YOUR DETAILS

1st Owner: MR. MRS. MS.

Date of Birth: Nationality:

Cell No: Other No:

Occupation:

Email Address:

Mailing Address:

2nd Owner: MR. MRS. MS.

Date of Birth: Nationality:

Cell No: Other No:

Occupation:

Email Address:

DRIVER DETAILS

Name: MR. MRS. MS.

Date of Birth: Nationality:

Cell No: Other No:

Occupation:

Details of any accidents in the last 5 years:

License No.:

Issue Date:

Expiry Date:

Your employee? YES NO

Relationship:

Driving with consent? YES NO

Details of any convictions for driving offences in the last 5 years:

VEHICLE DETAILS

Registration No.:

VIN / Chassis No.:

Make & Model:

Manufacture Year:

Colour:

Mileage:

Was a Trailer attached? YES NO

Were Goods carried? YES NO

Weight of Load:

Mortgaged? YES NO

If yes, please state mortgagee:

Is there another insurance on the vehicle? If so, please state:

1. LOSS DETAILS

Type of Loss: Collision Fire Theft Water Other

Location:

Date of Loss:

Weather: Sunny Rainy Other:

Time of Loss:

Road: Dry Wet Other:

Is there footage? YES NO

Speed: Parked Stopped Other: KMPH MPH

Travelling Direction: North South East West Police Station:

Lights used: Park Low High Indicator Hazard Officer Name:

How many passengers other than the driver? Badge No.:

Were passengers charged for transport? YES NO

What was the vehicle being used for at the time?

2. STATEMENT

Provide a detailed statement of the circumstances of the Collision or Loss. Include any information relevant to the incident.

3. DAMAGES

Please provide details of damage to Property or Bodily Injury under each section, where applicable.

To Own Vehicle	To Other Persons (1)	To Other Persons (2)
Est. damage cost:	Name:	Name:
Preferred repairer:	Address:	Address:
Current location:		
Damages:	Driver Name:	Driver Name:
Front:	Contact No:	Contact No:
Rear:	Vehicle License:	Vehicle License:
Left:	Vehicle Damages:	Vehicle Damages:
Right:	Property Damage:	Property Damage:
Roof/Hood:	Property Address:	Property Address:
Under-carriage:		
Tires/Suspension:	Insurer & Policy:	Insurer & Policy:
Total Loss:	Person Injured:	Person Injured:
Driver Injured: Yes No	Date of Birth:	Date of Birth:
Injury Details:	Contact No:	Contact No:
	Injury Details:	Injury Details:

Have you or any person made a statement toward fault or has a claim been made upon you? Yes No

If yes, please advise:

In your opinion, who is at fault?

4. WITNESSES

a. State the Name, Address, Ages and Contact No. for all Occupants in your vehicle other than the Driver:

b. State the Name, Address, Ages and Contact No. of any Independent Witnesses:

YOUR DECLARATION

I/We hereby declare that to the best of my knowledge and belief, the above statements and particulars are complete and true and that I/We have not miss-stated or suppressed any material facts (a material fact is one which is likely to influence Cayman Islands National Insurance Company, Ltd.'s (CINICO) acceptance or assessment of this declaration). If any false, fraudulent, suppression or concealment be made the policy shall be void and all past or future benefits forfeited.

I/We the undersigned do hereby authorize CINICO to disclose any information in respect of my claims history to any Investigator, Adjuster, other Insurer, Regulatory Body or other Authority, and hereby release CINICO from any claims and liabilities in respect of such disclosure.

1st Owner Signature:

2nd Owner Signature:

Date (DD/MM/YYYY):

Date (DD/MM/YYYY):

Documents needed for a Claim Report:

Completed Incident Form

Vehicle(s) Logbook

Estimate of Repairs

Owner(s) Driver License

Driver(s) License
(if different)

Receipt of Police Report

Mortgage Release Letter
(if applicable)

Witness Statement
(if applicable)

Photos or Footage of Incident
(if available)