

CLAIM REF.



Vehicle Insurance Policy

INCIDENT REPORT - GLASS ONLY

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

YOUR DETAILS

Owner: MR. MRS. MS. Company:
Date of Birth: Nationality:
Cell No: Other No:
Occupation: Email Address:
Address:

VEHICLE DETAILS

Registration No.:
Make & Model:
Manufacture Year:
Mileage:

DRIVER DETAILS

Name: MR. MRS. MS. License No.:
Date of Birth: Occupation: Issue Date:
Cell No: Other No: Expiry Date:
Driving with consent? YES NO Your employee? YES NO

1. LOSS DETAILS

Location:
Date of Loss: Time of Loss: Travelling Direction: North South East West
How many passengers other than the driver? Lights used: Park Low High Indicator Hazard
Weather: Sunny Rainy Other: Road: Dry Wet Other:
Speed: Parked Stopped Other: KMPH MPH Is there footage? YES NO

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 glass damage under each section, where applicable.

To Own Vehicle

Est. damage cost:	Front:	Rear:
Right:	Left:	Roof / Hood:

Explanatory Sketch of the Accident Site.

Please show the position on the road or parkway. Indicate the direction travelled immediately before the damage and include any persons or obstacles influencing the event.

4. ADDITIONAL

a. Are there any other Policies of Insurance in force indemnifying you in respect of this accident? YES NO

If "yes", give particulars:

b. For what purpose was the vehicle being used?

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 the Cayman Islands National Insurance Company Ltd.'s 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 the Cayman Islands National Insurance Company Ltd to disclose any information in respect of my claims history to any Investigator, Adjuster, other Insurer, Regulatory Body or other Authority, and hereby release the Cayman Islands National Insurance Company Ltd from any claims and liabilities in respect of such disclosure.

Owner Signature / Company Stamp:

Date (DD/MM/YYYY):

Documents to be submitted for a Vehicle damage claim:

Completed Incident Form	Vehicle(s) Logbook	Estimate of Repairs
Owner(s) Driver License	Driver(s) License	Photos or Footage of Incident

All payments for property or vehicle damage will be made to the named person on the registration certificate, mortgagee or approved repairer only.