

CLAIM REF.



Vehicle Insurance Policy

INCIDENT REPORT - THIRD PARTY

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).

CLAIM DETAILS

Owner: MR. MRS. MS. Company:

Address:

Date of Birth: Nationality:

Cell No: Other No:

Occupation: Email Address:

Monthly Income: \$0 - \$2,000 \$2,001 - \$5,000 \$5,001 - \$10,000 over \$10K

VEHICLE DETAILS

Registration No.:

VIN / Chassis No.:

Make & Model:

Manufacture Year:

Colour:

Mileage:

Was a Trailer attached? YES NO

Were Goods carried? YES NO

Insurer:

Type of Cover:

Policy No.:

Period of Cover:

Policy Excess:

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: Reported to Police Station:

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

Weather: Sunny Rainy Other: Road: Dry Wet Other:

Travelling Direction: North South East West Lights used: Park Low High Indicator Hazard

Speed: Parked Stopped Other: KMPH MPH Is there footage? YES NO

2. CINICO CLIENT

Name: MR. MRS. MS. Company: Vehicle details:

Address: Cell No: Make:

Driver: MR. MRS. MS. Model:

Address: Cell No: Policy No.:

3. STATEMENT

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

4. DAMAGES

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

To Own Vehicle

Est. damage cost:

Front:

Rear:

Total Loss:

Preferred repairer:

Left:

Right:

Current Location:

Roof / Hood:

Under-carriage:

Personal Injury or Property Damage Details (if any)

Did an ambulance attend the accident scene? Yes No If so, which hospital was the injured taken to?

Explanatory Sketch of the Accident Site.

Please show the position on the road of Vehicles at the point of impact. Indicate their direction immediately before the Accident and include any persons or obstacles influencing the event.

5. WITNESSES

a. State the Name, Address, Ages and Contact No. of any Independent Witnesses (persons unrelated to the claimant and non-passengers).

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).

Owner Signature / Company Stamp:

Date (DD/MM/YYYY):

Documents needed for a Vehicle damage claim::

Completed Incident Form	Vehicle Registration Certificate	Estimate of Repairs	Insurers Cover Letter
Owner(s) Driver License	Driver(s) License	Receipt of Police Report	Photos or Footage of Incident

Documents to be submitted for Property damage claim:

Completed Incident Form	Proof of Identification	Estimate	Deed / Current Utility
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Documents to be submitted for Injury Claim:

Completed Incident Form	Medical Report	Proof of Identification
Recent Pay slip / Proof of Income	Original Medical Bills	

Please note:

All payments for property or vehicle damage will be made to the named person on the registration certificate or proof of ownership only. Each claimant is required to complete and sign an Incident Form. Forms for minors are to be signed by their legal guardian or representative.