



SECTION 1 DETAILS OF THIRD PARTY OWNER/DRIVER/VEHICLE

TPVehicle Owner Name _____ Date of Birth _____

Home Address _____

Email Address _____ Telephone No. _____

TPVehicle Driver Name _____ Date of Birth _____

Home Address _____

Email Address _____ Telephone No. _____

Drivers Licence Number	Licence Class	Issue Date (dd/mm/yy)	Expiry Date (dd/mm/yy)

TPVehicle Make _____ Model _____ Colour _____

Registration No. _____ Insurer _____ Value _____

Is the vehicle drivable? Yes No If No, where is it located? _____

Has the Driver named above been involved in any accidents in the past 5 years? Yes No

SECTION 2 DETAILS OF BRITCAY INSURED/DRIVER/VEHICLE

Policyholder Name _____ Date of Birth _____

Email Address _____ Telephone No. _____

Vehicle Driver Name _____ Date of Birth _____

Email Address _____ Telephone No. _____

Vehicle Make/Model _____ Reg. No. _____ Colour _____

SECTION 3 DETAILS OF ACCIDENT

Date of accident (dd/mm/yy) _____ Time of accident _____ am / pm

Place of accident _____

Details of accident _____

Did Police attend? Yes No If Yes, please attach a copy of the accident slip. Attached? Yes No

Please indicate your speed at the time of the accident: _____ mph

Were there any witnesses other than the person(s) involved in the accident? Yes No If Yes, please provide the following details:

	Witness 1	Witness 2
Name		
Address		
Phone No./Email		

Do you consider yourself to be at fault? Yes No If No, provide details of the party responsible: _____

SECTION 4 EXPLANATORY SKETCH OF THE ACCIDENT SITE

SECTION 5 DETAILS OF ANY INJURIES

Was the Driver named above injured in the accident? Yes No If Yes, please provide details: _____

Were any passengers injured in the accident? Yes No If Yes, please provide the following details:

	Passenger 1	Passenger 2
Name		
Date of Birth		
Phone No.		
Email		
Details of Injury		

Were all parties wearing seatbelts at the time of the accident? Yes No

Did an ambulance attend the scene of the accident? Yes No If Yes, to which hospital was the injured party (ies) taken? _____

_____ Name of attending Physician: _____

SECTION 6 DECLARATION BY THE CLAIMANT(S)

I/We declare that the above statements and particulars are complete and correct, and no material fact has been misrepresented, misstated or withheld. I/We hereby agree to immediately declare any additional details or any subsequent change in circumstances that may affect the accuracy of the information. If this form has been completed by anyone else, that person is my/our agent for that purpose and not the agent of BritCay. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

NB: Both the Driver and the Owner of the vehicle must sign below.

TP Driver's Signature _____ Date _____

TP Owner's Signature _____ Date _____

Injured Party Signature _____ Date _____

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