

BAHAMAS FIRST AUTOMOBILE ACCIDENT REPORT

CLAIM NUMBER

INSURER:		AGENT OR BROKER						
P O L I C Y H O L D E R	NAME OF INSURED		DATE OF BIRTH DD MM YY		BUSINESS PHONE: RESIDENCE PHONE:		<u>POLICY NUMBER</u>	
	HOME ADDRESS & P.O. Box				OCCUPATION			
V E H I C L E	REGISTERED OWNER				PLACE OF EMPLOYMENT			
	LOSS PAYEE/BANK INTEREST:				BRANCH ADDRESS			
	MAKE OF VEHICLE		YEAR	MODEL	SERIAL		LICENCE NO. & PROVIDENC	
	MILEAGE		DESCRIBE DAMAGE				ESTIMATE OF DAMAGE	
D R I V E R	NAME OF DRIVER		AGE	DATE OF BIRTH DD MM YY	STATE ANY PHYSICAL DISABILITIES		HOW LONG DRIVING	
	HOME ADDRESS				OCCUPATION & BUSINESS ADDRESS			
	RESIDENCE PHONE-(242)				BUSINESS PHONE- (242)			
	DRIVER'S LICENCE NO.				PREVIOUS ACCIDENTS OR CONVICTIONS			
	DATE OF ACCIDENT DAY MONTH YEAR		TIME A.M P.M.	WAS HORN SOUNDED	DAYLIGHT DUSK <input type="checkbox"/> DARK		LOCATIONS OF ACCIDENT	
	PURPOSE VEHICLE USED FOR AT TIME OF ACCIDENT:			YOUR SPEED	OTHER'S SPEED	WEATHER CONDITIONS	ROAD CONDITIONS	
	DID POLICE INVESTIGATE?				CHARGES			
	HAD YOU TAKEN ANY ALCOHOLIC BEVERAGES OR DRUGS PRIOR TO THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				WHO WAS RESPONSIBLE FOR THE ACCIDENT?			
D A M A G E T O P R O P E R T Y O F O T H E R S	NAME		PHONE		NAME		PHONE	
	ADDRESS				ADDRESS			
	YEAR & MAKE OF VEHICLE			LICENCE No.		YEAR & MAKE OF VEHICLE		LICENCE No.
	NAME OF INSURER			POLICY No.		NAME OF INSURER		POLICY No.
	DESCRIPTION OF DAMAGE				DESCRIPTION OF DAMAGE			
	WHERE CAN VEHICLE BE INSPECTED?				WHERE CAN VEHICLE BE INSPECTED?			
P E R S O N S I N J U R E D	NAME		AGE	ADDRESS		PHONE	NATURE OF INJURIES	HOSPITAL

