



**INSURANCE MANAGEMENT
(BAHAMAS) LIMITED**
INSURANCE AGENTS & BROKERS

Head Office
P.O. Box SS-6283
Rosetta Street East,
Palmdale, Nassau.

Tel: (242) 394-5555
Fax: (242) 323-6520
Email: info.nassau@imbbah.com

MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTES

1. Please complete ALL sections of the form.
2. If a question does not apply write "not applicable". Crossing out a question may cause delay.
3. You must immediately send all letters received from other parties, to us without answering them, when it is alleged the insured driver is responsible. We will deal with the correspondence as necessary.
4. Should the insured driver receive a summons in respect of motoring offences arising from this incident then we must be immediately notified in order that the question of legal representation may be considered.
5. If you need more space to answer any of the questions please use a separate sheet of paper but please make sure you attach it to this form.
6. When describing what happened it will help us to protect the insured driver's interests if the following could be included when applicable:
 - a. Weather conditions
 - b. State of the road's surface
 - c. Speed limit
 - d. The lighting being displayed by the vehicles
 - e. The signals being given by all vehicles
 - f. The steps taken by the drivers involved to avoid the incident
 - g. If street lights were installed and illuminated
 - h. Whether any of the drivers were under the influence of drink or medication
 - i. Details of conversations between the drivers at the scene or later
7. Please let us know the reasons if you blame another party, yet are not pursuing any claim against them in respect of losses not covered under your policy. If you have a representative acting for you such as a solicitor it would be of assistance if you could advise their name, address and reference number.

WINDSCREEN CLAIMS

If you are making a claim for windscreen or window glass breakage only, there is no need to complete this form. Send the bill for the repair together with your policy number to us.

REPAIR PROCEDURES

If you are able to drive your vehicle safely then please obtain an estimate for repair and send it to us as soon as possible. If your vehicle is not drivable please telephone us immediately for further instructions.

WHAT IS NOT COVERED

You may have to meet various expenses which are not covered by your policy. The most common are: an excess on your policy, out of pocket expenses, traveling costs, loss of earnings, the hire of another vehicle whilst yours is being repaired. Accessories or special parts may not be covered, unless previously advised to us.

THE INSURED

Name: _____ Policy No.: _____

Address: _____

Telephone: _____(H) _____(W) _____(C)

Employer: _____

Occupation: _____

THE VEHICLE

MAKE	MODEL	YEAR	SERIAL NO.	REGISTRATION NO.

a. Is the Vehicle owned by the insured? YES NO

b. Does a bank or finance company have an interest in the Vehicle? YES NO

If 'YES', please state the Name and Address: _____

c. Was the Vehicle being used on the insured's order or with his permission? YES NO

d. For what purpose was the Vehicle being used? PLEASURE
 BUSINESS
 HIRE

e. What is the nature of the damage? _____

f. Where may the Vehicle be seen? _____

g. Please give the name of the repairer where you wish to have repairs effected? _____

h. Has the Vehicle been modified in any way from the manufacturer's specification (including the fitting of enhanced stereo equipment, alloy wheels or improved suspension)? YES NO

If 'YES', please give details. _____

THE DRIVER

Name: _____ Driver's License No.: _____
Address: _____ Date of Issue: _____
Occupation: _____ Type of License: FULL PROVISIONAL
Telephone No. : _____ (H) _____ (W) _____ (C)
Date of Birth: _____ Date of Passing Driving Test: _____
N.I.B. No.: _____

a. Has the Driver been involved in any previous accidents
in the last five (5) years? YES NO
If 'YES', please give details. _____

b. Has the Driver been prosecuted for any motoring offence? YES NO
If 'YES', please give details. _____

c. Does the Driver own another vehicle? YES NO
If 'YES', give details of Insurers: _____

THE ACCIDENT

Date: _____ Time: _____ AM PM
Location: _____

Please give details of the following:

a. Direction of Insured Vehicle _____ and other vehicle _____

b. Approximate speed of Insured Vehicle: _____ and other vehicle _____

c. Speed limit in operation: _____

d. Type of street lighting: _____ Street lights were ON OFF

e. Insured's head lights were ON OFF and other vehicle ON OFF

f. Weather conditions? _____

g. Was any warning given (horn sounded, etc.)? YES NO
If 'YES', give details. _____

h. Were any statements of blame made? YES NO
If 'YES', give details. _____

THE PARTIES

PLEASE GIVE DETAILS OF ALL PARTIES INVOLVED INCLUDING PEDESTRIANS AND OWNERS OF ANY PROPERTY DAMAGE (WALLS, FENCES, ETC.)

NAME: (1) _____ (2) _____
ADDRESS: (1) _____ (2) _____
VEHICLE: (1) _____ (2) _____
PROPERTY: (1) _____ (2) _____
DAMAGE: (1) _____ (2) _____
INSURERS: (1) _____ (2) _____
PASSENGERS: (a) in Insured Vehicle _____
(b) other Vehicle(s) _____

INJURIES

Name: _____

Nature of injuries: _____

Address: _____

THE WITNESSES

Were particulars of the accident taken by a Police Officer? YES NO

If 'YES', please state (a) Name/No: _____

(b) Station: _____

(c) Was a notice of intended prosecution given? YES NO

If 'YES', give details _____

Name & Address of independent witnesses: _____

DESCRIPTION OF ACCIDENT

PLEASE STATE FULLY THE CIRCUMSTANCES OF THE ACCIDENT AND SHOW BELOW BY WAY OF A SKETCH THE ACCIDENT LOCATION AND POSITION OF VEHICLE(S).

I/WE HEREBY DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

Insured: _____ Date: _____

Driver: _____ Date: _____

SKETCH