



INSURANCE MANAGEMENT (BAHAMAS) LIMITED

NEW PROVIDENCE

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ABACO

PO Box AB-20666
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Tel: (242) 367-4204
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SUMMIT INSURANCE CO. LTD.

ELEUTHERA

PO Box EL-25190
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Governor's Harbour
Tel: (242) 332-2862
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EXUMA

Queen's Highway,
George Town
Tel: (242) 336-2304
Fax: (242) 336-2305

info.exuma@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 surface
 - c) speed limit
 - d) the lighting being displayed by the vehicles
 - e) the signals being given by all vehicles
 - f) what steps were 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 claims for windscreen or window glass breakage only there is no need to fill 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 driveable please telephone us immediately for further instructions.

WHAT IS NOT COVERED

You may have to meet various expense which are not covered by your policy. The most common are: an excess on your policy, out of pocket expenses, travelling 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 No. _____

Employer: _____ Telephone No. _____

Occupation _____

MAKE

MODEL

YEAR

SERIAL NO.

REGISTRATION NO.

**THE
VEHICLE**

Is the Vehicle owned by the Insured? _____

Name and Address of any Bank or Company financially interested
in the vehicle _____

Was the Vehicle being used on the Insured's order or with his permission? _____

For what purpose was the Vehicle being used?
(State: Pleasure, Business or Hire) _____

What is the nature of the damage? _____

Where may the Vehicle be seen? _____

Name of garage where it is desired to have repairs effected _____

Has the Vehicle been modified in any way from the manufacturer's specification
(including by the fitting of enhanced stereo equipment, alloy wheels or improved suspension)?
If YES, give details _____

**THE
DRIVER**

Name: _____ Driving Licence No. _____

Address: _____ Date of Issue _____

Occupation _____ Full/Provisional _____

Telephone No. _____ Date passed driving test _____

Date of Birth _____

Has the Driver been involved in any previous accidents within the last _____ years? _____

If so, please give details _____

Has the Driver ever been prosecuted for any motoring offence? _____

If so, please give details _____

Does the Driver own another vehicle? _____

If so give details of Insurers _____

**THE
ACCIDENT**

Date: _____ Time _____ AM/PM _____

Location: _____

Please state:

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 and whether on or off _____

e) Whether Insured's lights were on or off _____ and other vehicle _____

f) Weather conditions? _____

Was any warning given (horn sounded, etc.)? _____

Were any statements of blame made? _____

**THE
PARTIES**

*PLEASE GIVE DETAILS OF ALL PARTIES INVOLVED INCLUDING PEDESTRIANS,
AND OWNERS OF ANY PROPERTY DAMAGED (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 policeman? _____

If so please state (a) Name/No. _____

(b) Station _____

(c) Was any warning of intended prosecution given? _____

If so, give details _____

Name of Address of independent witness _____

**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).*

SKETCH

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

Insured: _____ Date: _____

Driver: _____