

Road User

PART 1 DETAILS OF THIRD PARTY OWNER/DRIVER/VEHICLE

TP Vehicle Owner Name _____ Date of Birth _____

Home Address _____

Email Address _____ Telephone No. _____

TP Vehicle 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) |
|------------------------|---------------|-----------------------|------------------------|
| | | | |

TP Vehicle Make _____ Model _____ Colour _____

Registration No. _____ Insurer _____ Value _____

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

Description of Damages _____

PART 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 _____

PART 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 witnesses other than the person(s) involved in the accident? Yes No If Yes, please provide these details:

| | Witness 1 | Witness 2 |
|-------------|-----------|-----------|
| Name | | |
| Address | | |
| Contact No. | | |
| Email | | |

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

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PART 4 EXPLANATORY SKETCH OF THE ACCIDENT SITE

PART 5 DETAILS OF 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 these details:

| | Passenger 1 | Passenger 2 |
|-------------------|-------------|-------------|
| Name | | |
| Date of Birth | | |
| Contact No. | | |
| Email | | |
| Details of Injury | | |

Were all parties wearing seat belts 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: _____

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PART 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 _____