



Motor Claim Form

Use of this form is not to be taken as an admission of liability.

Please complete this form and sign. Please provide further information on a separate sheet if necessary. Failure to disclose all material information and/or misrepresentation could result in your insurance being declared void by the insurer and a claim being rejected. When complete, please send this form via email to submitclaim@bfm.bm, or fax it to 295-8647, or return it by hand to BF&M's main office in the Insurance Building on Pitts Bay Road, Pembroke.

1. Policy holder details

Policy number	Policy type (taxi, private car, cycle, commercial vehicle or mini-bus)	
Name of insured	Date of Birth (DD/MM/YY)	<input type="checkbox"/> male <input type="checkbox"/> female
Home address		
Home phone	Work phone	
Mobile phone	Email	
Mortgage bank <input type="checkbox"/> HSBC <input type="checkbox"/> BNTB <input type="checkbox"/> Clarien <input type="checkbox"/> Other		

2. Vehicle details

Vehicle registration no.	Date of registration (DD/MM/YY)
Make	Model
Chassis number	Engine number
Fuel type	Colour

3. General details (accident/theft)

Date (DD/MM/YY)	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Speed
Location of the incident <input type="checkbox"/> Private road <input type="checkbox"/> Parking lot <input type="checkbox"/> Main road <input type="checkbox"/> City road <input type="checkbox"/> Tribe road <input type="checkbox"/> Residence		
Exact place where the accident/theft occurred		
Place where the vehicle was heading before the accident		
Purpose of travel at the time of incident <input type="checkbox"/> Business <input type="checkbox"/> Pleasure <input type="checkbox"/> Domestic		Number of passengers
Purpose vehicle was being used at the time of accident (commercial vehicle)		
Was it reported to the police <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of officer	Incident number

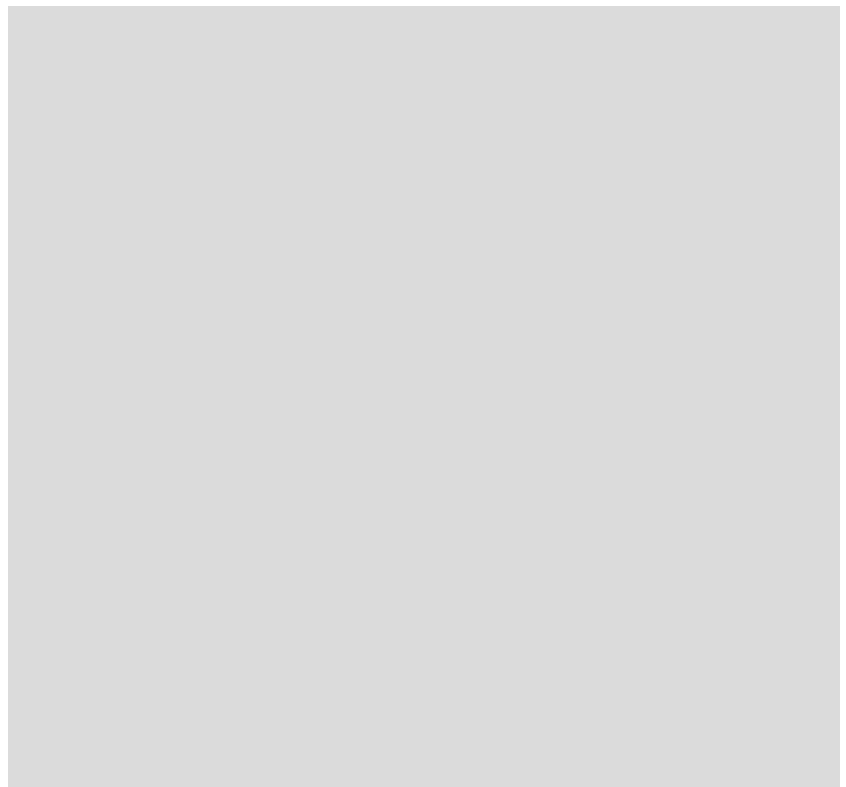
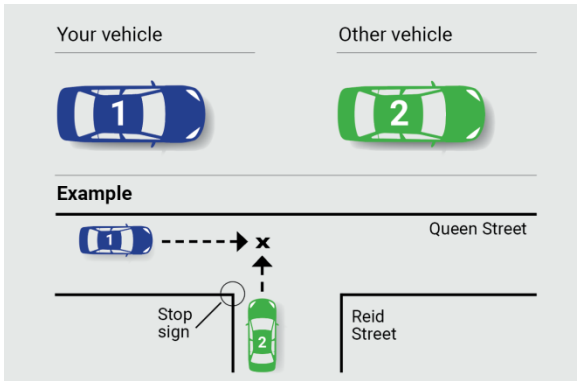
4. Statement of how the accident/theft occurred

Please explain exactly how the accident occurred (if insufficient room, please continue on a separate sheet of paper)

5. Diagram

Please complete a diagram, in the space to the right showing clearly:

- **Direction traveling and where each vehicle was prior to the accident – Your vehicle marked as “1” with the other vehicle marked as “2”**
- **Point of impact – marked with an “X”**
- **Names of all streets, and location of any traffic lights, ‘Stop’ or ‘Give Way’ signs, etc.**
- **Weather at the time of the accident**



6. Driver details

Name		Relationship to insured	
Address			
Home phone		Work phone	Mobile phone
Driving license number		Date of Birth (DD/MM/YY)	<input type="checkbox"/> male <input type="checkbox"/> female
License issue date		License expiry date	
Class registered to drive		Type of driver <input type="checkbox"/> permanent <input type="checkbox"/> learner <input type="checkbox"/> youth	

7. Injury details of third parties (occupants/passengers)

1	Name	Address
Phone number		Nature of injury
2	Name	Address
Phone number		Nature of injury
3	Name	Address
Phone number		Nature of injury

8. Third party property damage - include other vehicles involved

1	Name	Phone number
Car make		Car registration number
2	Name	Phone number
Car make		Car registration number

9. Declaration

I/we the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and agree that if I have made any false or fraudulent statement or there be any suppression or concealment, the policy shall be cancelled and the claim shall be forfeited.

I/we agree to provide additional information to the Company, if required.

Name	Signature	Date (DD/MM/YY)
	X	

Please review all details carefully before submitting. Completed forms can be submitted via email to submitclaim@bfm.bm