

# 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 click "SUBMIT" to send this form via email, or fax it to 295-8647, or return it by hand to BF&M's Headquarters in the Insurance Building on Pitts Bay Road, Pembroke.

POLICY HOLDER DETAILS									
POLICY NUMBER					POLICY TYPE - TAXI, PRIVATE CAR, CYCLE, COMMERCIAL VEHICLE OR MINI-BUS				
NAME OF INSURED					GENDER		DATE OF BIRTH		
					MALE FEMALE		DAY	MONTH	YEAR
ADDRESS									
PHONE (HOME)			PHONE (WORK)			PHONE (CELL)			
EMAIL ADDRESS					MORTGAGE BANK				
					HSBC	BNTB	CLARIEN	OTHER _____	
VEHICLE DETAILS									
REGISTRATION NUMBER			MAKE			DATE OF REGISTRATION			
						DAY	MONTH	YEAR	
CHASSIS NUMBER		ENGINE NUMBER		FUEL TYPE		COLOUR			
GENERAL DETAILS (ACCIDENT/THEFT)									
DATE			TIME			SPEED			
DAY	MONTH	YEAR	A.M.	P.M.					
LOCATION OF THE INCIDENT									
PRIVATE ROAD		PARKING LOT		MAIN ROAD		CITY ROAD		TRIBE ROAD	RESIDENCE
EXACT PLACE WHERE THE ACCIDENT/THEFT OCCURRED									
PLACE WHERE THE VEHICLE WAS HEADING BEFORE THE ACCIDENT									
PURPOSE OF TRAVEL AT TIME OF INCIDENT								NUMBER OF PASSENGERS	
BUSINESS/OFFICE		PLEASURE		DOMESTIC		SOCIAL			
PURPOSE VEHICLE WAS BEING USED FOR AT THE TIME OF THE ACCIDENT									
NATURE OF GOODS CARRIED AT THE TIME OF THE ACCIDENT (COMMERCIAL VEHICLE)									
NUMBER OF PEOPLE TRAVELLING AND IN WHAT CAPACITY AT THE TIME OF THE INCIDENT									
IS IT REPORTED TO THE POLICE?		NAME OF THE POLICE OFFICER DEALING WITH THE INCIDENT						INCIDENT NUMBER	
YES	NO								
STATEMENT OF HOW THE ACCIDENT/THEFT OCCURRED									

GIVE A ROUGH SKETCH DESCRIBING THE ROAD, POSITION OF THE VEHICLE AND THE WEATHER AT THE TIME OF THE INCIDENT											
DRIVER DETAILS											
NAME								RELATIONSHIP TO INSURED			
ADDRESS (IF DIFFERENT FROM ABOVE)											
PHONE (HOME)				PHONE (WORK)				PHONE (CELL)			
DATE OF BIRTH AS IT APPEARS ON YOUR DRIVING LICENSE			GENDER		DRIVING LICENSE NUMBER						
DAY	MONTH	YEAR	MALE	FEMALE							
LICENSE ISSUE DATE		CLASS REGISTERED TO DRIVE			LICENSE EXPIRY DATE			TYPE OF DRIVER			
					DAY	MONTH	YEAR	PERMANENT	LEARNER	YOUTH	
INJURY DETAILS OF THIRD PARTIES <i>(Occupants/Passengers)</i>											
NAME				ADDRESS							
PHONE				NATURE OF INJURY							
NAME				ADDRESS							
PHONE				NATURE OF INJURY							
NAME				ADDRESS							
PHONE				NATURE OF INJURY							
THIRD PARTY PROPERTY DAMAGE <i>Include other vehicles involved.</i>											
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. I/We have read the customer service charter.											
NAME				SIGNATURE				DATE			
								DAY	MONTH	YEAR	

*Please review all details carefully before submitting.  
Click SUBMIT to send via email to [submitclaim@bfm.bm](mailto:submitclaim@bfm.bm).*