



# Third Party Claim Form

*Please ensure to answer all questions and sign this form prior to submission.*

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](mailto: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. Claimant information

Name of claimant	
Mailing address	
Current insurer	Policy number
Home phone	Work phone
Mobile phone	Email

## 2. Property damage

Year	Make
Model	Vehicle registration no.
List other property damaged	
Is there a current loan for the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name the bank	
Name who was driving or in charge of your vehicle at the time of the accident	
Address of driver	
Home phone	Mobile phone

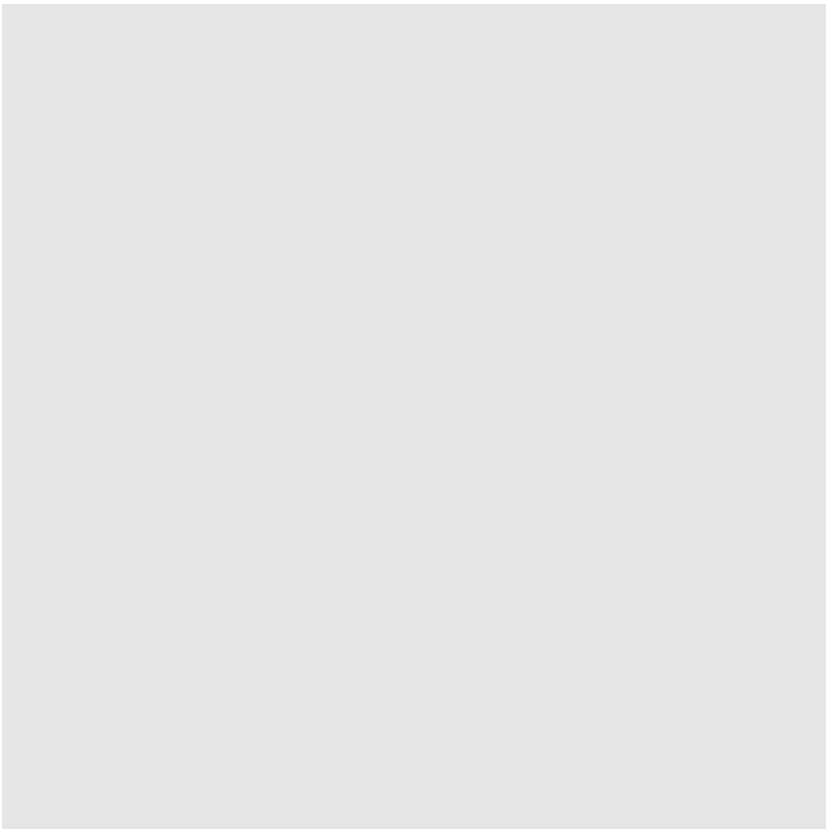
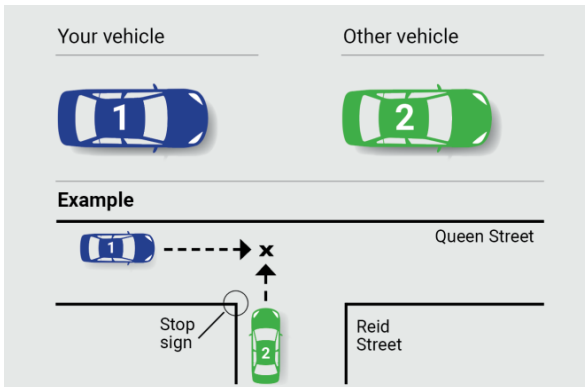
### 3. Details of the accident

What was date of the accident (DD/MM/YY)	Time <span style="float: right;"><input type="checkbox"/> am <input type="checkbox"/> pm</span>
Where was the location of the accident?	
If you were driving what was the speed at the time of the accident? <span style="float: right;"><input type="checkbox"/> mph <input type="checkbox"/> kph</span>	
Were your headlights on? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
What were the weather conditions at the time of the accident?	
Is your vehicle drivable? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	If no, who towed it?
Where is the vehicle now?	
Please explain exactly how the accident occurred (if insufficient room, please continue on a separate sheet of paper)	

### 4. Diagram

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

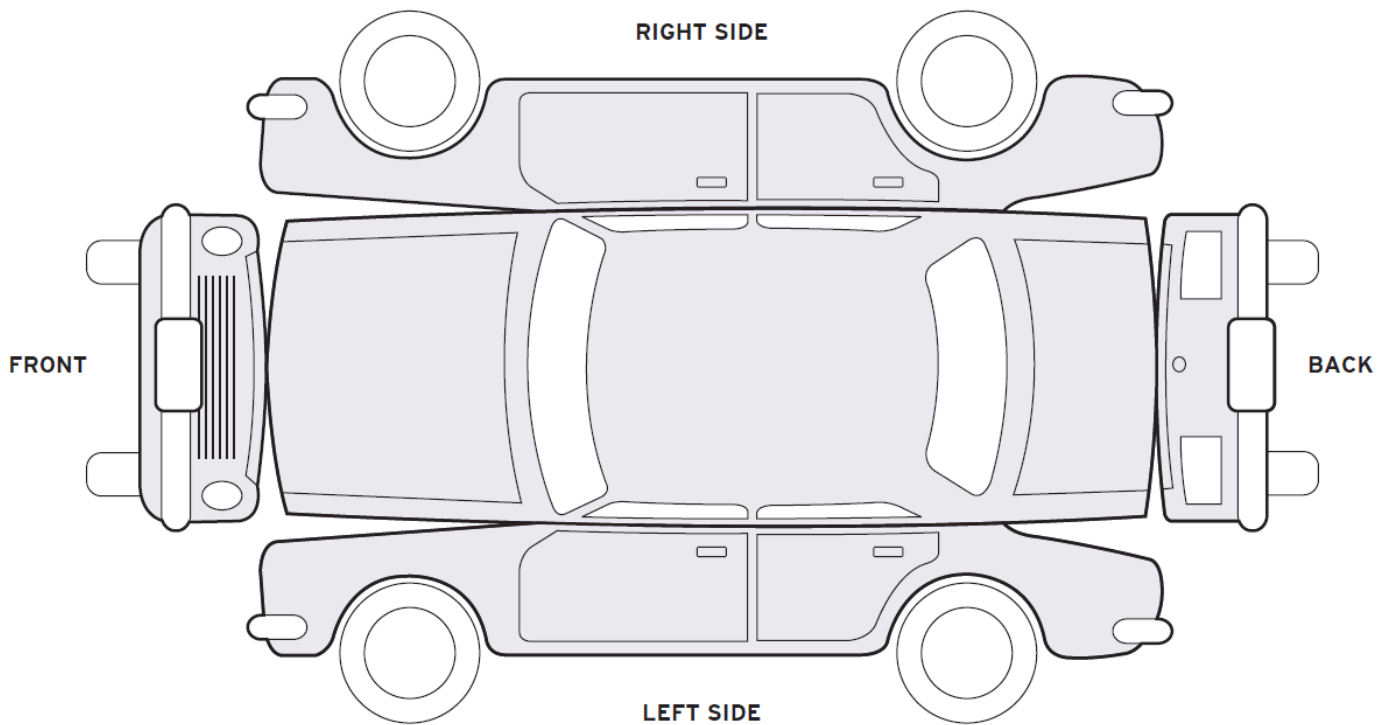
- **Direction traveling and where each vehicle was prior to the accident – Your vehicle marked as “1” with the other vehicle marked as “2”**
- **Point of impact – marked with an “X”**
- **Names of all streets, and location of any traffic lights, ‘Stop’ or ‘Give Way’ signs, etc.**



### 5. Details of the accident (continued)

If you were driving how many occupants were in the car?	
Did the police witness or attend the scene of the accident? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If yes, name the police officer	
Was the driver or any passenger(s) in your vehicle injured as a result of this accident? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
First passenger name	Age
Address (if different from above)	Contact number
Nature and extent of injuries	
Second passenger name	Age
Address (if different from above)	Contact number
Nature and extent of injuries	
Was the injured person(s) taken to the hospital? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If yes, what was the attending doctor's name?	

Please illustrate the damage to your vehicle by indicating an "X" on the diagram below:



## 6. Witnesses

Please provide names and contact details of all witnesses to this accident	
Name of first witness	Home phone
	Mobile phone
	Work phone
Name of second witness	Home phone
	Mobile phone
	Work phone

## 7. BF&M Insured details

Name of insured	
Policy number	Registration
Name of driver	Home phone
	Mobile phone
	Work phone
	Email

## 8. Declaration

I/we declare that

- All the statements in this claim form and any additional schedules are true and accurate;
- The motor vehicle and/or accessories are correctly described in these form were damaged under the circumstances described here;
- I/we have told BF&M everything relevant to this claim.

I understand that if I/we fail to provide accurate information, it may prejudice my claim.  
 I understand that completion of this form not to be considered as an acceptance of liability.  
 I undertake to render all possible assistance to BF&M in connection with this claim.

Date (DD/MM/YY)	Applicant's signature X
Date (DD/MM/YY)	Driver's signature X

**Please review all details carefully before submitting. Completed forms can be submitted via email to [submitclaim@bfm.bm](mailto:submitclaim@bfm.bm)**