

## Road User

TO BE USED FOR ALL MOTOR VEHICLE ACCIDENTS

**PART 1** DETAILS OF POLICYHOLDER

Insured Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Policy No. \_\_\_\_\_

Street Address: No./Street Name \_\_\_\_\_

Address Line 2 \_\_\_\_\_

 Town/Parish/Island \_\_\_\_\_ Post Code \_\_\_\_\_ Country British Virgin Islands

Mailing Address \_\_\_\_\_

Town/Parish/Island \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Please provide the following details along with a colour photocopy of your driver's licence:

Licence Number	Licence Class	Issue Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Date of Birth (dd/mm/yy)	Age

**PART 2** DETAILS OF DRIVER / RIDER AT THE TIME OF THE ACCIDENT

Driver Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address: No./Street Name \_\_\_\_\_

Address Line 2 \_\_\_\_\_

 Town/Parish/Island \_\_\_\_\_ Post Code \_\_\_\_\_ Country British Virgin Islands

Mailing Address \_\_\_\_\_

Town/Parish/Island \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

 Are you the owner of the vehicle?  Yes  No

If No, what is your relationship with the owner? \_\_\_\_\_

Under what circumstances did you obtain the vehicle? \_\_\_\_\_

 Were you sober at the time of the Accident?  Yes  No

 Do you hold a valid BVI Drivers Licence?  Yes  No

If Yes, please provide a colour photocopy and the following details:

Licence Number	Licence Class	Issue Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Date of Birth (dd/mm/yy)	Age

 Have you committed any traffic offences in the last five years?  Yes  No

If Yes, please provide details \_\_\_\_\_

 Have you had any motor accidents in the last five years?  Yes  No

If Yes, please provide details \_\_\_\_\_

 Have you filed a motor vehicle claim with Coralisle or any other insurance company in the last five years?  Yes  No

If Yes, please provide details \_\_\_\_\_

**PART 3** DETAILS OF THE ACCIDENT

Date of accident (DD/MM/YY): \_\_\_\_\_ Time of accident \_\_\_\_\_ Estimated speed of your vehicle \_\_\_\_\_ kph

Place of accident \_\_\_\_\_  
 \_\_\_\_\_

Description of damage to your vehicle \_\_\_\_\_  
 \_\_\_\_\_

NB: please provide an estimate for the repairs to your vehicle.

Were there any other vehicles involved in the accident?  Yes  No

If Yes, please provide the following details:

	Vehicle 1	Vehicle 2	Vehicle 3
Owner Name			
Owner Address			
Phone No.			
E-mail			
Driver Name			
Driver Address			
Phone No.			
E-mail			
Insurance Co.			
Make, Model			
Colour			
Licence No.			
Damage Description			

Were there any persons injured in the accident?  Yes  No If Yes, please provide the following details:

	Person 1	Person 2
Name		
Address		
Date of Birth (d/m/y)		
Phone No.		
E-mail		
Nature of Injury		

Did you cause any damage to public or private property?  Yes  No If Yes, please provide the following details:

Owner Name	Address	Phone No.	E-mail
Nature of Damage			



**Road User****PART 6** EXPLANATORY SKETCH OF THE ACCIDENT SITE**PART 7** DECLARATION BY THE CLAIMANT

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 Coralisle. (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 Insured vehicle must sign below.

Driver's Name \_\_\_\_\_ Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_