BAHAMAS FIRST
FIRST IN INSURANCE. TODAY. TOMORROW.

Bahamas First Automobile Accident Report

☑ Insured
☐ Third Party

Insurer:	**Claim No:**
Policy No:	

Name & Address:	**Business / Residence / Mobile Phone:**
D.O.B: DD/MM/YY	**NIB#:**
Occupation:	**E-Mail / Facebook / Twitter:**

VEHICLE

- **Registered Owner:**
- **Loss Payee:**
- **Branch:**
- **Make:**
- **Model:**
- **VIN No:**
- **Licence No:**
- **Damage Description:**

DRIVER

- **Name:**
- **Business Address:**
- **D.O.B: DD/MM/YY**
- **Driver's Licence No:**
- **Home Address:**
- **Previous Accidents/Convictions: Y/N**
- **State Any Physical Disabilities:**

DAMAGE TO PROPERTY OF OTHERS

Name:	**Phone:**	**Address:**	**Property Description:**
Licence No/Identification No:	**Insurer:**	**Policy No:**	**Damage Description:**

When & Where Can Vehicle Be Inspected?

Persons Injured

Name & Age:	**Name & Age:**
Phone/E-Mail:	**Phone/E-Mail:**
Address:	**Address:**
Nature Of Injuries:	**Nature Of Injuries:**
Hospital:	**Hospital:**

Witnesses

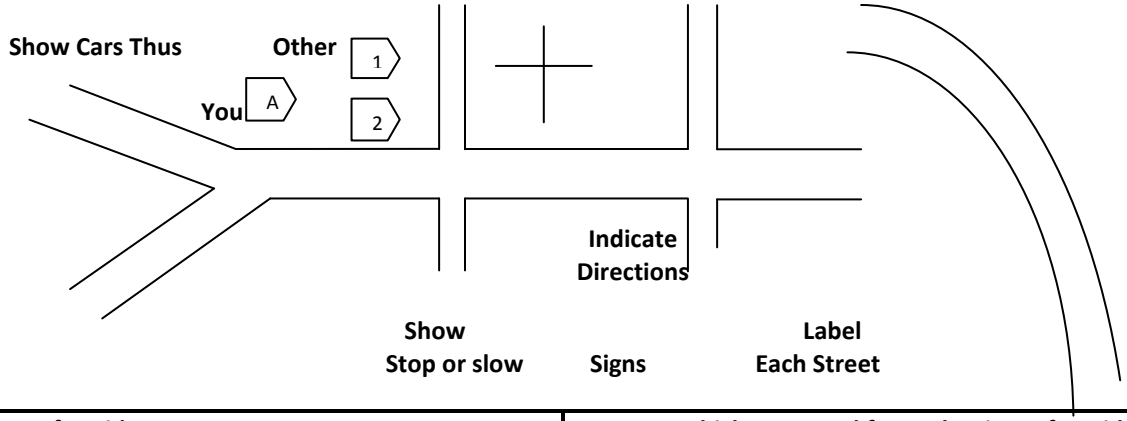
Name:	**Name:**
Address:	**Address:**
Phone:	**Phone:**
In Which Car:	**In Which Car:**
( ) Your Car	( ) Your Car
( ) Other Car 1	( ) Other Car 1
( ) Other Car 2	( ) Other Car 2
( ) Other	( ) Other

Please note a medical report may be requested for any injured person(s).

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DESCRIPTION OF ACCIDENT

(Illustrate position of cars at the time of the collision. Show skid marks)
(If any street is more than two-lanes or is one way only, please indicate)



Date & Time of Accident:		**Purpose vehicle was used for at the time of accident:**		
Location of Accident:	**Your Speed :**	**Other's Speed:**	**Horn Sounded: Y / N**	**Weather/Road Conditions:**
Police Investigation:	**Charges:**	**Consumption of Alcohol/Drugs prior to accident? Y / N**		**Who was responsible for the accident?**

Description of Accident:

Date:_____ **Signature of Driver:**_____ **Adjuster:** _____

Who is the Principal Driver of Your Vehicle?	**What is the Driver's Relationship To You?**
Was your vehicle being used with your consent? Y/N	**Lien or Mortgage on Vehicle To:**
Date:	**Signature of Policy Holder:**

DISCLAIMER: I agree that the claims advisor/examiner has explained the claims process and that I, the Insured/Claimant, understand the process and procedures to be undertaken to bring this matter to conclusion based on parameters that were explained. I also agree that any information obtained may be shared, where necessary, to any party in determining the circumstances of this loss, in accordance with the Data Protection Act.

Date: _____ **Signature:** _____