



ACCIDENT REPORT FORM

Gordon House
One Coney Drive, P.O. Box 661
Belize City, Belize

CLAIM NO. _____

1. INSURED

- (a) Full Name
- (b) Address
- (c) Telephone Number
- (d) Policy No
- (e) E-mail address.....

2. VEHICLE: Year..... VIN# or Reg. No.

- (a) Make..... Model
- (b) For what purpose was it being used?
- (c) Was it being used under your instructions?
- (d) Were any goods or samples being carried?.....

3. DRIVER

- (a) Name and address of person driving at time of accident
- (b) Contact No..... Date of Birth.....Drivers Lic Class.....
- (c) State driving experience of driver..... Driver's licence No./expiry date
- (d) Has the driver ever been prosecuted for any offence in the driving of a car?.....
- (e) If so, please give details of nature of the offence and result of prosecution
- (f) If paid driver state in whose employ and how long employed?.....

4. ACCIDENT

- (a) Date of Accident..... Time of Accident
- (b) Place of Accident..... Speed of car.....
- (c) Was audible warning given?..... Did the Police take particulars?.....
- (d) If so, give Name. of Constable..... Badge No. or Contact Info.....
- (e) Was the matter reported to the Police Department thereafter?.....
- (f) If so, at what Police Station?..... State degree of visibility.....
- (g) Whom do you consider responsible for the accident?



5. **DAMAGE (if any) TO OWN VEHICLE.**

- (a) Full details of damage and probable cost of repair
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Where can the Vehicle be examined? (Please state Garage telephone number if possible.)

- (b) Amount of estimate
- (c) Name, Contact and Address of Registered Owner of Vehicle (if any) causing such damage
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6. **PERSONAL INJURY**

- (a) Names and addresses of all persons injured and full particulars of injuries sustained

THIRD PARTY

Name & Contact #.....
Injuries Sustained.....

Name & Contact #.....
Injuries Sustained.....

INSURED VEHICLE

Name & Contact #.....
Injuries Sustained.....

Name & Contact #.....
Injuries Sustained.....

- (b) Name & Address of Doctor or Hospital to which injured person(s) has been taken for treatment
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7. **DAMAGE TO PROPERTY OF OTHER PERSONS (THIRD PARTIES)**

- (a) Name (s) and address (es) of Registered Owner of property damaged
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Full particulars of damage done. For vehicle, provide year, make, model and Reg. No.
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8. **WITNESSES**

- (a) Name, Contact Info and Addresses of all persons in your Vehicle other than the person driving.
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- (b) Name, Contact Info and Addresses of all independent witnesses
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IMPORTANT

SKETCH PLAN

Please show the position on the Road of Vehicles, or Vehicle, at the point of impact, and indicate their direction and track immediately before the Accident. If any Vehicle, Persons or Obstacles were present influencing the Track of the Vehicles concerned, these should also be indicated.

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- (X)** Point of Impact
 - (A)** Your Vehicle
 - (B)** Other Vehicle

Indicate North





IMPORTANT

INSURED

Explanation of how the accident happened

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I/We hereby declare that the statements contained herein are true to the best of my/our knowledge and belief, and that the Vehicle is not insured with any other Insurer. I/we also acknowledge that I/we have given RF&G Insurance Company Limited the authority to use my/our name in conducting any legal proceedings that are deemed necessary.

Date _____ Signature _____

It is particularly requested that no discussion of the terms or extent of your Insurance be entered into with the party or parties claiming or anyone acting on his, her, or their behalf, and that all communications be forwarded to the above Company or its agents immediately on receipt. It is of the utmost importance that every question be answered fully.

The issue of this Form is not to be considered as an admission of liability on the part of the Company.