Motor Claim Form

CLEAR FORM

Use of this form is not to be taken as an admission of liability.

Please complete this form and sign. 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, or fax it to 295-8647.

1. Policyholder details

Clear Section

Policy number:	Policy type: ☐ Commercial vehicle ☐ Cycle ☐ Mini-bus ☐ Private car ☐ Taxi	
Insured name (first/middle/last):	DOB (dd-mmm-yyyy):	Gender: ☐ Male ☐ Female
Address:		
Phone: H W C	Email:	

2. Vehicle details

Clear Section

Vehicle registration number:	Date of registration (dd-mmm-yyyy):
Make:	Model:

3. General details (accident/theft)

Clear Section

Date of incident (dd-mmm-yyyy):	Time: ☐ am ☐ pm		
Location of incident: ☐ City road ☐ Main road ☐ Parking lot ☐ Private road ☐ Residence ☐ Tribe road			
Exact location where accident/theft occured:			
Place where vehicle was heading before the accident:			
Purpose of travel at the time of incident: ☐ Business ☐ Domestic ☐ Pleasure	Number of passengers:		
Purpose vehicle was being used at the time of accident (commercial vehicle):			
Was it reported to the police: ☐ Yes ☐ No	Name of officer:	Incident number:	

4. Statement of how the accident/theft occured

Clear Section

Provide details on how the accident occured:

5. Driver details

Clear Section

Name (first/middle/last):	DOB (dd-mmm-yyyy):	
Relationship to insured:	Gender: ☐ Male ☐ Female	
Address:		
Phone: H W C	Email:	
Driving license number:	Issue date (dd-mmm-yyyy):	Expiry date (dd-mmm-yyyy):
Class registered to drive:	Type of driver: ☐ Permanent ☐ Learner ☐ Youth	

6. Injury details of third parties (including occupants/passengers)

Clear Section

First individual

Name (first/middle/last):

Address:

Phone: H W C | Email:

Nature and extent of injuries:

Second individual

Name (first/middle/last):

Address:

Phone: H W C | Email:

Nature and extent of injuries:

Third individual

Name (first/middle/last):

Address:

Phone: H W C | Email:

Nature and extent of injuries:

7. Third party property damage (include other vehicles involved)

Clear Section

First individual

Name (first/middle/last):

Phone: H W C | Email:

Vehicle make: | Registration number:

Second individual

Name (first/middle/last):

Phone: H W C | Email:

Vehicle make: | Registration number:

Declaration

By signing this form, I confirm/understand that:

- *I consent to BF&M processing my personal data, in accordance with BF&M's privacy policy (www.bfm.bm/privacy).*
- *I understand that I may withdraw my consent at any time by email to privacy@bfm.bm but that may impact BF&M's ability to provide insurance, related services or pay insurance claims benefits.*
- *I confirm that any personal data I provide to BF&M in respect of any third party, is done with that third party's consent and knowledge of BF&M's processing of their personal data.*

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/we have made any false or fraudulent statements 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.

Name:	
Sign:	Date (dd-mmm-yyyy):

Please review all details carefully before submitting. Completed forms can be submitted via email to submitclaim@bfm.bm.