



Third Party Motor Claim 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. Claimant information

Claimant name (first/middle/last):			
Address:			
Phone: H	W	C	Email:
Current insurer:	<input type="checkbox"/> BF&M	<input type="checkbox"/> Argus	<input type="checkbox"/> CG
	<input type="checkbox"/> Freisenbruch-Meyer	Policy number:	

2. Property damage

Year:	Make:		
Model:	Vehicle registration number:		
List other property damaged:			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which bank: <input type="checkbox"/> HSBC <input type="checkbox"/> BNTB <input type="checkbox"/> Clarien			
Name who was driving or in charge of your vehicle at the time of the accident:			
Address of driver:			
Phone: H	W	C	Email:

3. Details of accident

What was the date of the accident (dd-mmm-yyyy):	Time:	<input type="checkbox"/> am <input type="checkbox"/> pm
Location of the accident:		
If you were driving what was the speed at the time of the accident:	<input type="checkbox"/> mph <input type="checkbox"/> kph	Were your headlights on? <input type="checkbox"/> Yes <input type="checkbox"/> No
What were the weather conditions at the time of the accident?		
Is your vehicle drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who towed it?		
Where is the vehicle now?		
Please provide details how the accident occurred:		

3. Details of accident (cont'd)

How many occupants were in the vehicle? <input type="text"/>	
Did the police witness or attend the scene of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name the police officer: <input type="text"/>	
Was the driver or any passenger(s) in your vehicle injured as a result of this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First passenger name (first/middle/last): <input type="text"/>	Age: <input type="text"/>
Address (if different from above): <input type="text"/>	Phone: <input type="text"/>
Nature and extent of injuries: <input type="text"/>	
Second passenger name (first/middle/last): <input type="text"/>	Age: <input type="text"/>
Address (if different from above): <input type="text"/>	Phone: <input type="text"/>
Nature and extent of injuries: <input type="text"/>	
Was the injured person taken to the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name the attending doctor: <input type="text"/>	

4. Witnesses

i Please provide names and contact details of all witnesses to this accident.

First witness			
Name (first/middle/last): <input type="text"/>			
Address: <input type="text"/>			
Phone: H <input type="text"/>	W <input type="text"/>	C <input type="text"/>	Email: <input type="text"/>
Second witness			
Name (first/middle/last): <input type="text"/>			
Address: <input type="text"/>			
Phone: H <input type="text"/>	W <input type="text"/>	C <input type="text"/>	Email: <input type="text"/>

5. BF&M Insured details

Insured name (first/middle/last): <input type="text"/>	
Policy number: <input type="text"/>	Vehicle registration number: <input type="text"/>
Driver name (first/middle/last): <input type="text"/>	
Phone: H <input type="text"/>	W <input type="text"/> C <input type="text"/> Email: <input type="text"/>

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 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 this form were damaged under the circumstances described here;
- I/we have told BF&M everything relevant to this claim.

By submission of this document, I/we confirm that:

- 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.

Applicant's name: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

Driver's name: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

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