

## Cayman First Insurance Company Limited Third Party Statement

Broker/Agency \_\_\_\_\_

**Vehicle Owner**

Full Name: \_\_\_\_\_ Postal Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Street Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Vehicle**

Licence No: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Area of Damage: \_\_\_\_\_

Is the Vehicle Mobile? Yes  No  If no, Location: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**Driver**

Full Name: \_\_\_\_\_ Postal Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Passenger(s) in Your Vehicle**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone No: \_\_\_\_\_

Were they wearing seat belts? Yes  No  Yes  No  Yes  No

**Cayman First Insured** Policy No. \_\_\_\_\_

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Vehicle Lic. No. \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_

Driver Name: \_\_\_\_\_ Contact #: \_\_\_\_\_ DOB: \_\_\_\_\_

**Accident Detail**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Weather: \_\_\_\_\_

Road Conditions: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Your Speed: \_\_\_\_\_ Other Speed: \_\_\_\_\_ Horn Sounded: \_\_\_\_\_

Did the Police attend? Yes  No  If yes, Name and Number: \_\_\_\_\_

Was accident reported to the police? Yes  No

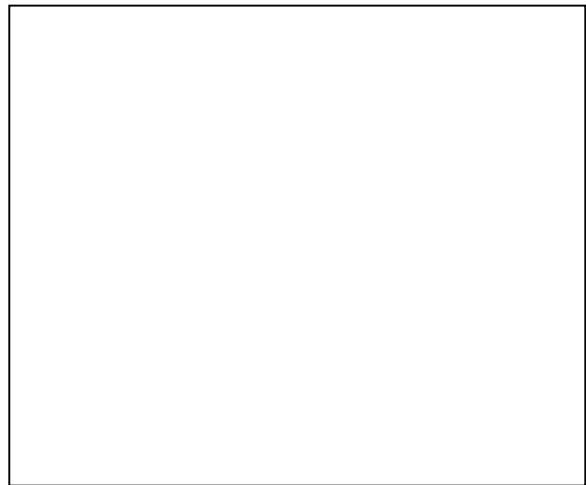
If "Yes," state: Officers Name, Number & Date Reported \_\_\_\_\_

Were you served with a Notice of Intended Prosecution? Yes  No  If yes, please provide a copy.

**Accident Description**

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**Accident Sketch**



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witnesses (Not passengers in your vehicle)**

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Employer: \_\_\_\_\_

**Injuries**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

I hereby declare that the content of this statement is true and correct.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Driver Signature: \_\_\_\_\_