

# Heritage MotorCover Claim Form

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## CUSTOMER INFORMATION

<b>Name of Insured:</b>		<b>Policy Number:</b>	
<b>Agent (if any):</b>			
<b>Telephone</b>	<b>(Home):</b>	<b>(Work):</b>	
	<b>(Mobile):</b>	<b>Email:</b>	

## INSURED VEHICLE

<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Registration:</b>
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Vehicle Accessories on the vehicle at the time of the accident:	Value:

Has the vehicle, its engine or wheels been modified in any way since manufacture?:  Yes  No  
If 'Yes', please provide full details:

Is the vehicle subject to any finance?:  Yes  No  
If 'Yes', name of finance company:

## THE DRIVER

Who was driving or in charge of the vehicle at the time of the accident?  
**Name:**  
**Address: (if different to above)**  
**Date of birth (dd/mm/yy):**  
**Relationship to insured:**  
**Driver's license number:** **Type:**  
**Issued:** **Expires:**  
Does the driver have motor vehicle insurance with another insurance company?:  Yes  No  
If 'Yes', please provide full details:

# Heritage MotorCover Claim Form

## THE ACCIDENT Driver to complete

What was the time:  AM  PM and date \_\_\_\_\_ of the Accident?

Where was the location of the accident?: \_\_\_\_\_

What was your speed at the time of the accident?:  mph  kph

Were your headlights on?:  Yes  No

What were the weather conditions at the time of the accident?: \_\_\_\_\_

What warning was given immediately prior to the accident?: \_\_\_\_\_

Were you able to drive your vehicle?:  Yes  No If 'No', who towed it?: \_\_\_\_\_

Where is the vehicle now?: \_\_\_\_\_

Please explain exactly how the accident occurred (if insufficient room, please continue on a separate sheet of paper):

## DIAGRAM

Please complete a diagram showing clearly:

- Direction travelling and where each vehicle was prior to accident
- Point of impact - marked with an "X"
- Names of all streets, and location of any traffic lights, 'Stop' or 'Give Way' signs, etc.

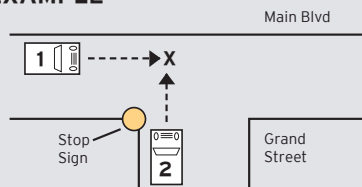
Your vehicle



Other vehicle



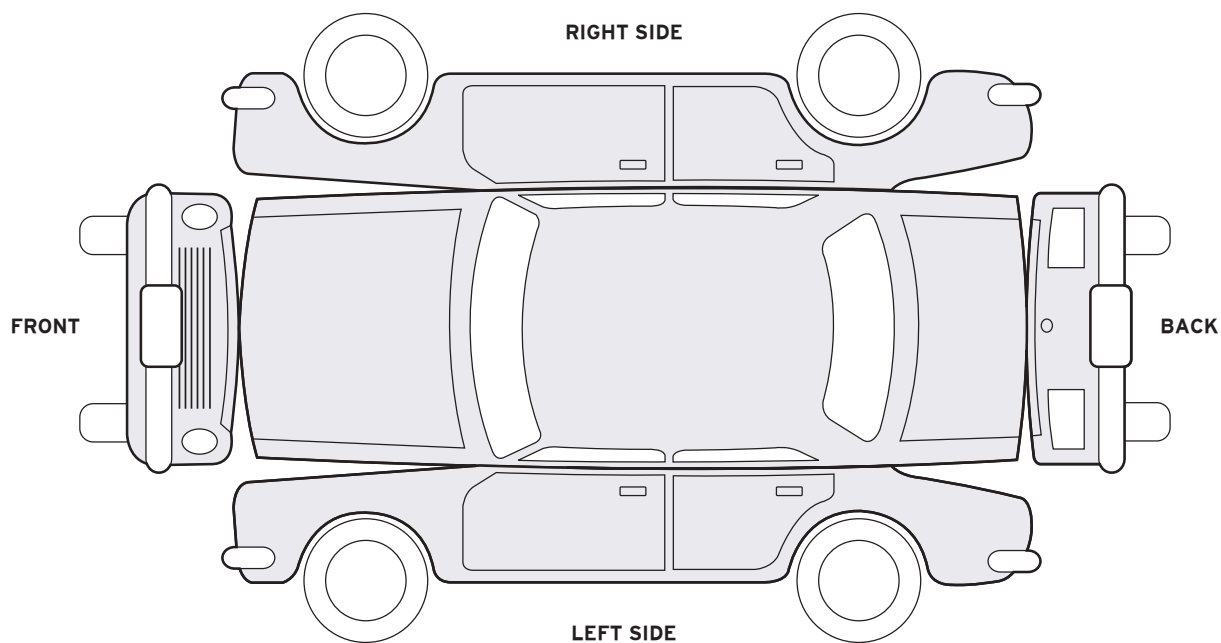
### EXAMPLE



# Heritage MotorCover Claim Form

THE ACCIDENT (continued)	Driver to complete
Do you believe anyone else to be at fault in this accident?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the Police witness or attend the scene of the accident?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', name of Police Officer:	
Address of Police Station:	
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
Name (1):	Age:
Address (if different to above):	
Nature and extent of injuries:	
Name (2):	Age:
Address (if different to above):	
Nature and extent of injuries:	
Was the injured person(s) taken to the hospital?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', Attending Doctor's name:	
Name of Hospital:	

Please illustrate damage to your vehicle by indicating an X on the diagram below:



# Heritage MotorCover Claim Form

## PERSONAL INJURY TO THIRD PARTIES

Was anyone else injured as a result of this accident?:  Yes  No

Name (1): Age:

Address:

Nature and extent of injuries:

Name (2): Age:

Address:

Nature and extent of injuries:

Was the injured person(s) taken to the hospital?:  Yes  No

If 'Yes', Attending Doctor's name:

Name of Hospital:

## WITNESSES

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

Name (1): Telephone:

Address:

Name (2): Telephone:

Address:

Name (3): Telephone:

Address:

## THIRD PARTY DETAILS

Name of Owner:

Name of driver:

Telephone (Home):

(Home):

(Work):

(Work):

(Mobile):

(Mobile):

Email:

Email:

Vehicle Year: Make: Model: Registration:

Is there any third party property damage?:  Yes  No

If 'Yes', what is the extent of the damage?:

Third Party's Insurer: Policy number:

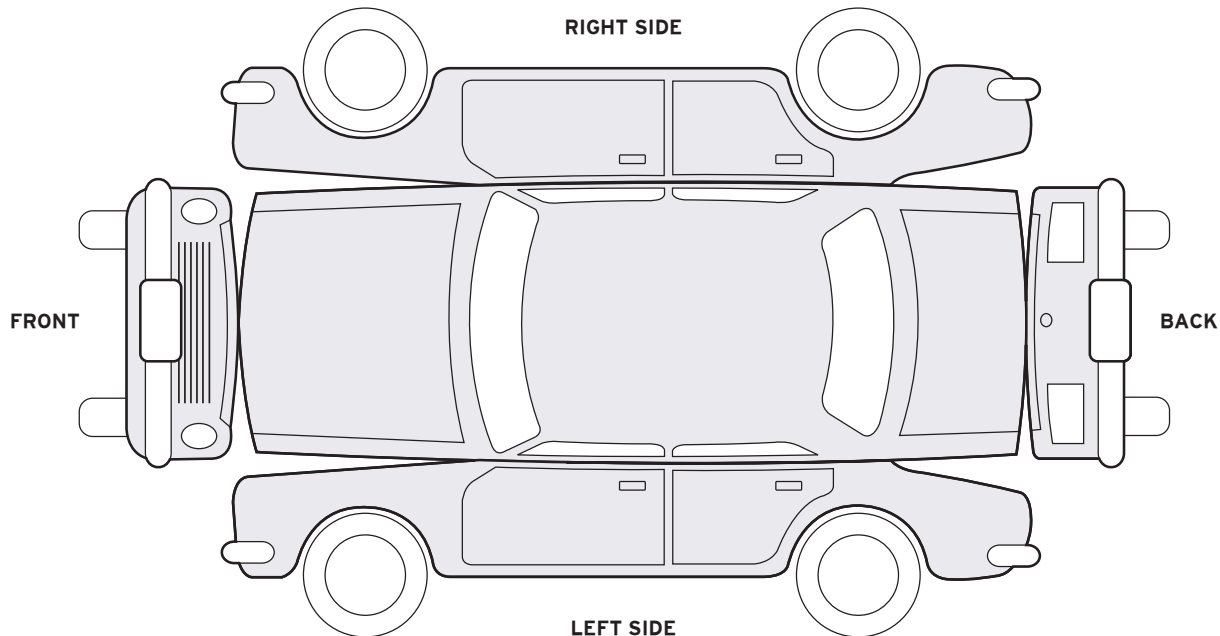
Did the other driver admit liability for the accident?:  Yes  No

Provide details of any conversations:

# Heritage MotorCover Claim Form

## THIRD PARTY DETAILS (continued)

Please illustrate damage to your vehicle by indicating an X on the diagram below:



TO BE COMPLETED BY INSURED		Please answer all questions fully	
1.	Have you been convicted in the last 5 years of any offence in connection with any motor vehicle, or is any prosecution or Police enquiry pending? If 'Yes', please provide full details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you made any claims or been in an accident in connection with a motor vehicle in the last 5 years? If 'Yes', please provide full details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Was your vehicle being driven without your authority or permission? If 'Yes', please provide full details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Was the vehicle being used for other than private use?: If 'Yes', please provide full details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is there any other insurance on the vehicle?: If 'Yes', please provide full details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# Heritage MotorCover Claim Form

## TO BE COMPLETED BY DRIVER

1. Had you consumed any intoxicating liquor or taken any medication or other drugs within 6 hours prior to the accident?:  Yes  No  
If 'Yes', please provide full details:
2. If you are not the insured, do you have a vehicle of your own?:  Yes  No  N/A
3. Have you been convicted in the last 5 years of any offence in connection with any motor vehicle, or is any prosecution or Police enquiry pending?:  Yes  No  
If 'Yes', please provide full details:

## DECLARATION

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 and were damaged under the circumstances described here;
- I/We have told Island Heritage Insurance everything relevant to this claim.

I understand that if I/We fail to provide accurate information, all benefits will be forfeited and cover cancelled immediately.

I undertake to render all possible assistance to Island Heritage Insurance in connection with this claim.

Insured's Signature: \_\_\_\_\_ Date: (DD/MM/YY) \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: (DD/MM/YY) \_\_\_\_\_

Island Heritage Insurance Company Ltd. is licensed and regulated to carry on insurance business in the Cayman Islands and all other territories where it does business.