

## Motor Catastrophe Claim Form

Kindly begin the process of securing your vehicle and if necessary perform any temporary repairs to make the vehicle more secured.

Please ensure that all bills and receipts are kept for any such costs incurred.

If there are items which are damaged please keep them in a safe place for inspection by the insurance company's representative and also ensure that insurers are given an opportunity to inspect and agree the damages **before** any **permanent** repairs are carried out.

In addition kindly supply us with the following information at your earliest convenience:

- Complete enclosed claim form and return to [VRSC@vrscayman.com](mailto:VRSC@vrscayman.com) **immediately** so that we can have your claim logged with your insurance company, **(It is important that this form is returned as soon as possible.)** Complete information speeds up the settlement of claims so please provide the exact street address and contact numbers.

After submitting the claim report, kindly obtain and provide us with:

- two estimates of repair or cost of replacement
- Photographs of damages are essential.

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## Motor Catastrophe Claim Form

Insured:

Home Phone:

Office:

Fax:

Cellular:

Email Address:

**AN ANSWER MUST BE GIVEN TO EACH OF THE FOLLOWING QUESTIONS**

**PARTICULARS OF INSURED VEHICLE**

Policy No:

Registration No. \_\_\_\_\_ Year of Manufacture \_\_\_\_\_ cc \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_

Does anyone else have a financial interest in the vehicle (E.g. Bank Loan) Yes  No

If 'yes', with whom and their interest \_\_\_\_\_

**PARTICULARS OF THE ACCIDENT**

Date occurred \_\_\_\_\_ Time \_\_\_\_\_ a.m.  p.m.

Place where accident occurred

\_\_\_\_\_

Details of Damage \_\_\_\_\_

\_\_\_\_\_

Where can the vehicle be inspected? \_\_\_\_\_

\_\_\_\_\_

I do hereby declare that the above is a true and accurate statement with respect to the above loss.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_