

It is essential that this form be immediately returned direct to the Company with all questions fully answered.

PACIFIC BASIN INSURANCE COMPANY

P.O. BOX 500710
SAIPAN, MP 96950

TEL: 234-5860/7861
FAX: 234-7841

AGENCY		CLAIM #	
S/I		DEDUCT.	
POL #	/	/	
NOTED ON APPLICATION			

AUTO ACCIDENT CLAIM FORM

The issue of this form on receipt of notice of accident is not an admission of liability and it is issued without prejudice. No liability is to be admitted to a third party. No repairs are to be done without the permission of the Company. If you receive any communication in any way connected with the accident please forward to the Company immediately.

A. - Insured	NAME	PHONE:
	ADDRESS	

B. - Vehicle	Make and Type of Body	Year of Model	Engine No.	License No.	Purpose used at time of accident	No. of passengers or weight of load

1. In whose name is it registered?

2. Please state if vehicle under finance (and amount owing).....

3. Give additional particulars if you are not otherwise the sole owner

4. Do you hold another policy indemnifying you in respect of this accident (particulars required)?.....

5. Registration Card #

6. Expiration Date

C. - Driver Concerned in Accident	NAME IN FULL.....	DATE OF BIRTH
	ADDRESS	
	LICENSE NUMBER AND CLASS.....	DATE OF EXPIRY
	Please state (giving full particulars):	
	1. If the vehicle was being driven with the owner's knowledge and consent	
	2. If the driver's license has been endorsed or suspended (when and why)?	
	3. If the driver is owner, employee, relation and / or friend	
	4. If the driver owns his own vehicle (and the name of his Insurance Company).....	
	5. If the driver has had a policy of insurance cancelled or declined or a deductible or increased premium imposed	
	6. If the driver has been involved in previous accidents (name of Insurance Company required)	
	7. What amount of liquor was consumed by the driver during the twelve hours preceding the accident, including when and where?	
	8. If in connection with the accident Police action has been threatened (charged and identity of person required)	

D. - Details of Damage to Insured Vehicle	1. Details of damage.....
	2. Is it in a fit condition to drive?.....
	3. Amount of estimate for repairs (attach quote if possible)
	4. Where and when it can be inspected?

E. - Name of Owner / Driver of Other Vehicle Involved	Name and Address	Vehicle Type and License Number

	1. Did the other party admit responsibility?.....	
	2. Is the other vehicle insured? If so, with what Company?.....	

F. - Details of Witnesses	Please give names and addresses of all witnesses:		
	Passengers in your vehicle	a	Phone No.....
		b	Phone No.....
		c	Phone No.....
	2. Independent witnesses	a	Phone No.....
		b	Phone No.....
	3. Police Officer's name and number	STATIONED AT.....	
	4. Is there any likelihood of police action being taken?	Against whom?	

G. - Sketch Plan

- 1. Please make a rough plan of road showing distance and positions of all vehicles and persons concerned showing by arrows the direction in which they were traveling.

- 2. Your vehicle to be marked (A) and the other parties (B), (C), and so on, with point of impact shown.

H. - Particulars of Accident

- 1. Date Time a.m./p.m.
Place
- 2. Please describe:

 - (a) Where you had been and where you were going.....

 - (b) Your speed just prior to impact m.p.h.
 - (c) The other parties speed prior to impact m.p.h.
 - (d) Warning signals given by either party.....

 - (e) Whom do you consider was responsible for the accident and why?.....

- 3. General description of accident

- 4. State clearly conversations between you and the other driver.....

I declare the particulars on pages 1 and 2 of this form to be true and correct in every respect and that the completion of this form and the signing of it by me is a claim on the Company and not only a notice of accident. I further acknowledge that any untruth, misrepresentation or suppression by or on behalf of me in any declaration or statement in support of the claim made herein makes the policy under which this claim is made void and the premium forfeitable.

Dated at this day of

Insured's Signature Witness to Signature