



SUPPLEMENTAL DETAILS OF ACCIDENTS, CLAIMS OR LOSSES

If any of the named drivers has had any motor accidents, claims and/or losses in the last five (5) years please provide details below:

Driver Name	Date of Incident	Time of Incident	No. of vehicles involved	Total Value of Claim
		am/pm		\$

Full Details of Accident/Claim/Loss:

Charged with or convicted of an offence? No Yes - Details:

Was anyone injured? No Yes - Details:

Did Loss involve fire or theft of the vehicle? No Yes - Details:

Driver Name	Date of Incident	Time of Incident	No. of vehicles involved	Total Value of Claim
		am/pm		\$

Full Details of Accident/Claim/Loss:

Charged with or convicted of an offence? No Yes - Details:

Was anyone injured? No Yes - Details:

Did Loss involve fire or theft of the vehicle? No Yes - Details:

Driver Name	Date of Incident	Time of Incident	No. of vehicles involved	Total Value of Claim
		am/pm		\$
Full Details of Accident/Claim/Loss:				
Charged with or convicted of an offence? <input type="checkbox"/> No <input type="checkbox"/> Yes - Details:				
Was anyone injured? <input type="checkbox"/> No <input type="checkbox"/> Yes - Details:				
Did Loss involve fire or theft of the vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes - Details:				

Driver Name	Date of Incident	Time of Incident	No. of vehicles involved	Total Value of Claim
		am/pm		\$
Full Details of Accident/Claim/Loss:				
Charged with or convicted of an offence? <input type="checkbox"/> No <input type="checkbox"/> Yes - Details:				
Was anyone injured? <input type="checkbox"/> No <input type="checkbox"/> Yes - Details:				
Did Loss involve fire or theft of the vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes - Details:				

I acknowledge that this Proposal Form Supplemental Sheet is part of the Proposal Form and is subject to the Declaration of that Form.

Applicant's Signature _____ Date _____

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