

THE INSURANCE COMPANY OF THE WEST INDIES LIMITED
Unit 6, Independence Business Park, East Street South, P. O. Box SS-19023, Nassau, Bahamas. Tel: (242) 323-4004

MOTOR THEFT CLAIM FORM

THE INSURED			"N/A"	means "Not Applicable"		
Name:	Contact #s:					
Home Address:						
Occupation:	Employer/Business Name:					
Employer/Business Address:						
Contact #s:	Em	ail Address:				
VEHICLE INFORMATION						
Policy #:	Year:	М	ake:			
Reg. #:	Colour:	 Model/T	ype:			
Was there any unrepaired damage prior to the thef	t?	If so, give details:				
Were there any modifications? $\square Y \square N$	If so, give details:					
Distinguishing marks?	If so, give details:					
Special fittings and accessories?	If so, please state:					
Has the vehicle been recovered?	If so, in what condi	tion:				
Where can the vehicle be inspected?						
Name and Address of any Bank or Company financial	lly interested in the veh	icle:				
USE OF VEHICLE	aing used at the time of	of the theft.				
State the exact purpose for which the vehicle was being used at the time of the theft:						
/ere goods being carried? Y N If yes, state the nature of the goods: A More they also be transported? O N N N N N N N N N						
How many persons including the driver were in the vehicle? Were they charged a fee to be transported? \[\text{Y} \subseteq \text{N} \]						
f the vehicle was driven by a person other than the Insured, with whose permission was it being used?						
Was the Insured in the vehicle when the theft occurred?						
THE THEFT						
Date of theft: Time: Place:						
Was it a hold up? $\square Y \square N$ Would you be able to identify the person or persons? $\square Y \square N$						
If yes, please state:						
Were there any Witnesses? Y N	If yes, please	e give information below:				
Witness #1 Name:	Witness #1 Contact #:					
Witness #2 Name:	Witness #2 Contact #:					
Name of Policeman:	Badge #:					
The Station concerned:						
Date Reported:Time:						
If claim is for loss of parts, tyres, etc., please o	complete the follow	ing:				
Description of Items	Price Paid	Where Purchased	Date Purchased	Amount Being Claimed		
THE DRIVER or CUSTODEE (Please select appropriate box)						
Name: Contact #s:						
Home Address:						
Occupation: Employer/Business Name:						
Driver's Licence Number:	Date issued	Date issued: Driving experience:				
pe of Licence: Previous Accidents:						
What is the relationship between the Insured and the Driver?						

STATEMENT			
		_	
I/We hereby declare that t	he foregoing particulars given by me/us have been	read over and found to be true and correct in every respect. Fo	urther, I/We agree that, if
I/We have made, or in any any suppression or concea	further declaration the Company may require in re lment, the policy shall be void and all rights to recov	spect of the said theft shall make any false or fraudulent state er thereunder in respect of past or future losses shall be forfei	ment, or if found guilty of ted.
Date:	Insured's	Driver's	
	Insured's Signature:	Driver's Signature:	
	Witness' Name:	Witness' Signature:	