



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

WINDSCREEN DAMAGE CLAIM FORM

THE INSURED

"N/A" means "Not Applicable"

Name: _____ Contact #s: _____
 Home Address: _____
 Occupation: _____ Employer/Business Name: _____
 Employer/Business Address: _____
 Contact #s: _____ Email Address: _____

VEHICLE INFORMATION

Policy #: _____ Year: _____ Make: _____
 Reg. #: _____ Colour: _____ Model/Type: _____

USE OF VEHICLE

State the exact purpose for which the vehicle was being used at the time of the loss/damage: _____
 If the vehicle was driven by a person other than the Insured, with whose permission was it being used? _____
 How many persons including the driver were in the vehicle? _____ Were they charged a fee to be transported? Y N
 Were any trailers attached to the vehicle? Y N If so, give description and weight of load: _____

THE LOSS/DAMAGE

Date of accident: _____ Time: _____ Place: _____
 Who in your opinion was to blame? _____
 Did the Police investigate or take particulars? Y N If so, please state particulars below: _____
 Name of Policeman: _____ Badge #: _____
 The Station concerned: _____ Were you warned for prosecution? Y N

THE THIRD PARTY

Owner's Name: _____ Driver's Name: _____
 Owner's Address: _____ Driver's Address: _____
 Reg. #: _____ Make of Vehicle: _____
 Model of Vehicle: _____ Insurance Company: _____

THE WITNESSES

Name: _____ Address: _____ Contact #: _____
 Name: _____ Address: _____ Contact #: _____

THE DRIVER or CUSTODEE (Please select appropriate box)

Name: _____ Contact #s: _____
 Home Address: _____
 Occupation: _____ Is driver in your service? Y N If so, how long? _____
 Relationship between the Insured and the Driver: _____ Licence Number: _____ Type of Licence: _____
 Date issued: _____ Driving Experience: _____ Previous Accidents: _____

STATEMENT

I/We hereby declare that the foregoing particulars given by me/us have been read over and found to be true and correct in every respect. Further, I/We agree that, if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or if found guilty of any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future losses shall be forfeited.

Date: _____ Insured's Signature: _____ Driver's Signature: _____

Witness Name: _____ Witness Signature: _____

FOR INTERNAL USE ONLY

Damage Inspected By: _____ Signature: _____
 Chassis: _____ CHECKED: YES NO