



THE INSURANCE COMPANY OF THE WEST INDIES (CAYMAN) LIMITED

Omar Hodge Building, 2nd Floor, Road Town, Tortola, British Virgin Islands. Tel: 494-4240

Email: bvi@icwi.com

MOTOR VEHICLE CATASTROPHE CLAIM FORM

I hereby declare that all particulars to be given are true and correct and that no false or fraudulent statement will be made _____ Insured's Signature

NOTE: "N/A" means "Not Applicable"

THE INSURED

Name: _____ Mr/Mrs/Miss: _____
Address: _____
Telephone Nos: Work: _____ Home: _____ Cel: _____
Fax No: _____ Email: _____

PARTICULARS OF VEHICLE

Year: _____ Make: _____ Model/Type: _____ Policy No: _____
Colour: _____ Registration No: _____ Value: \$ _____
Mortgage Interest and Address: _____

THE INCIDENT

Date of Loss: _____ Is vehicle drivable: Yes No
Extent of Damage (briefly describe the damage that appears to have been sustained by the vehicle) _____
Location of vehicle: _____

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, and 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 further accidents, shall be forfeited.

Signature of Insured: _____ **Date:** _____

Signature of person reporting the claim: _____ **Date:** _____

OFFICE CHECKLIST

Policy Period : From: _____ **To:** _____
Premium Paid: Yes No **Comprehensive Cover:** Yes No
Assessor Appointed: Yes No **Name of Assessor:** _____
(please print)
Name of Broker/Agent: _____
Claim No: _____
Remarks: _____