

THE INSURANCE COMPANY OF THE WEST INDIES (CAYMAN) LIMITED Omar Hodge Building, 2nd Floor, Road Town, Tortola, British Virgin Islands. Tel.: (284) 494-4240. Email: bvi@icwi.com

MOTOR ACCIDENT REPORT FORM

THE INSURED						"N/A" means "Not Applicable"
Name:					Contac	t #s:
Home Address:						
Occupation:	cupation: Employer/Business Name:					
Employer/Business Address:				_		
Contact #s:			Email	Address:		
VEHICLE INFORMATION						
Policy #:		Lice	nce Plate #:			Year:
Make:		N	lodel/Type:			Colour:
Name and Address of any Bank	or Company	financially intere	sted in the vehi	cle:		
Was there any unrepaired dama	ge to your ve	hicle before this a	ccident?	Y N		
Where on your vehicle was dam	naged in this	accident?				
Did a wrecker remove your veh	icle?	′	give name:			Contact #:
Where can the vehicle be inspec	ted?					Contact #:
USE OF VEHICLE						
State the exact purpose for whi	ch the vehicl	e was being used	I at the time of t	the accident:		
Was your vehicle towing anythi	ng?	∕	s, give description	on:		and weight of load:
Were goods being carried?	\	✓ N If yes	, state the natur	e of the goods:		and weight of load:
How many persons including th	e driver were	e in the vehicle?		Were they charge	ed a fee to be transpo	orted?
If the vehicle was driven by a pe	erson other t	han the Insured,	with whose per	 mission was it being u	sed?	
THE ACCIDENT		<u> </u>	<u> </u>	-		
Date of accident:	Tiı	me:	Place:			Island:
Who do you think is at fault?						
Was a report made to the police	e?	□N If	yes, state Name	of Policeman:		Badge #:
Name of Police Station:	о. <u> </u>	·· "	yes, state Harrie		you warned for pros	
Did the other driver or anyone e	else involved	in the accident s	tate that they w		yea namea isi pisa ∏Y	
Were there any Independent W			•	ease give information		
Witness #1 Name:	Title33c3.		yes, presse pre	sace 8.10 mmonmation	Witness #1 Con	act #:
Witness #2 Name:					— Witness #2 Con	
Condition of Road:			Kind of Su	 urface:		Visibility:
		INSURE	D'S VEHICLE		PARTY#1	THIRD PARTY # 2
Direction of travel?						
On which side of the road?						
Speed: (a) Before accident?						
(b) At the time of the accident?						
Head Lights/Indicator (on, off, dim or bright):						
Was horn sounded?		Y	□Y □N		YNYN	
PASSENGERS IN INSURED'S	VEHICLE				DEL ATIONIS	MATHRE OF MULRY 15 ANY ACC
NAME	ΑI	DDRESS	CONTACT #	OCCUPATION	RELATIONSHIP TO THE INSURED	NATURE OF INJURY, IF ANY AND HOSPITAL ATTENDED

Address: (b) Nature of damage to pedal cycle: FVEHICLE OR MOTORCYCLE, PLEASE PROVIDE: THIRD PARTY # 1 (a) Owner's Name:	PASSENGERS IN I		ADDRESS	CONTACT #	OCCUPATION	RELATIONSHIP TO THE INSURED	NATURE OF INJURY, IF ANY AND HOSPITAL ATTENDED
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My name is			
I live at			
My contact number is		. I am a/an	
and am employed to			
I am the holder of a		driver's licence #	
which allows me to oper	rate		
My licence was issued o	n		
(2) You are willing to have IC (3) ICWI's Attorneys-at-Law r N.B. Every letter, claim, writ, I/We hereby declare that the or in any further declaration	summons and process shall be notified or forwa e foregoing particulars given by me/us have been	ner that they think appropriate although they may solicit your comme ded to the Company immediately on receipt without any admission o read over and found to be true and correct in every respect. Further, ccident shall make any false or fraudulent statement, or if found guilt or future accidents shall be forfeited.	f liability by you. I/We agree that, if I/We have made,
Date:	Insured's Signature:	Driver's Signature:	
	Witness' Name:	Witness' Signature:	

ACCIDENT DIAGRAM

- On the images of the cars below, please indicate the area(s) which was/were damaged in the accident.
- Choose a roadway from below that looks similar to where the accident happened.
- Draw a diagram showing how the vehicle(s) and/or any damaged property were positioned at the time of the accident.
 Use arrows to show the direction of travel for each vehicle involved.
- Write the name of the roadway and use landmarks/buildings, if this helps.

