

## THE INSURANCE COMPANY OF THE WEST INDIES (CAYMAN) LIMITED 150 Smith Road, P.O. Box 461, Grand Cayman KY1-1106, Cayman Islands. Tel.: (345) 949-6970. Email: cayman@icwi.com

## **MOTOR ACCIDENT REPORT FORM**

THE INSURED							"N/A" means "Not Applicable"
Name:						Contact	: #s:
Home Address:							
Occupation: Employer/Business Name:							
Employer/Business Address:							
Contact #s:			Email	Addr	ress:		
VEHICLE INFORMATION							
Policy #:		Lice	nce Plate #:				Year:
Make:		N	lodel/Type:			C	olour:
Name and Address of any Bank or Company financially interested in the vehicle:							
Was there any unrepaired damag	ge to vour ve	hicle before this a	ccident?	Y [	]N		
Where on your vehicle was dam					1		
Did a wrecker remove your vehi	_		give name:				Contact #:
Where can the vehicle be inspec	_						Contact #:
USE OF VEHICLE							
State the exact purpose for whi	ch the vehicl	e was being used	at the time of	the ac	ccident:		
Was your vehicle towing anythin	ng? []\	/ N If yes	, give description	on:			and weight of load:
Were goods being carried?		/ N If yes	, state the natur	e of t	he goods:		and weight of load:
How many persons including the	e driver were	e in the vehicle?		١	Were they charged	d a fee to be transpo	orted?
If the vehicle was driven by a pe	rson other t	han the Insured,	with whose per	missi	on was it being us	ed?	
THE ACCIDENT							
Date of accident:	Tiı	me:	Place:				Island:
Who do you think is at fault?							
Was a report made to the police	e? [Y	□N If	yes, state Name	e of Po	oliceman:		Badge #:
Name of Police Station:					Were y	ou warned for pros	ecution?
Did the other driver or anyone of	else involved	in the accident s	tate that they v	vill ma	ake a claim?	]Y	
Were there any Independent W	itnesses?	YN ι	f yes, please ple	ease g	give information b	elow:	
Witness #1 Name:						Witness #1 Cont	act #:
Witness #2 Name: Witness #2 Contact #:							act #:
Condition of Road: Kind of Surface: Visibility:						Visibility:	
		INSUREI	D'S VEHICLE		THIRD	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	YNYN			□N	YN	
PASSENGERS IN INSURED'S VEHICLE							
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
F PEDESTRIAN OR PEDAL CYCLIST, PLEASE PROVIDE:  (a) Name: Contact #: Address:  (b) Nature of Injury, if any;  (c) Nature of Injury, if any;  (d) Nature of Injury, if any;  (e) Nature of Injury, if any;  (f) Nature of Injury, if any;  (e) Nature of Injury, if any;  (f) Year: Make: Contact #: Address:  (g) Year: Make: Model: Licence Plate #:   (g) Year: Make: Model: Licence Plate #:   (g) How many persons were in the vehicle? How many were injured?  (e) Insurance Company:  Nature of damage to vehicle:  THIRD PARTY # 2  (a) Owner's Name: Contact #: Address:  (b) Driver's Name: Contact #: Address:  (c) Year: Make: Model: Licence Plate #:   (d) How many persons were in the vehicle? How many were injured?  (e) Insurance Company:  Nature of damage to vehicle:  IF OTHER PROPERTY, PLEASE PROVIDE:  Was there damage to any other property (such as walls, fences, cultivations & animals)? Y N If yes, give Property Owner info below:  PROPERTY #1:  Name: Contact #: Address:  THE DRIVER OF INSURED'S VEHICLE  What is the relationship between the insured and the driver?  How many accidents in the last 3 years?  Has driver ever been comitting? Y N If yes, why?  Does of view own a vehicle? Y N If yes, please annet Insurance Company:  Does of view own a vehicle? Y N If yes, please annet Insurance Company:  Does of view own a vehicle? Y N If yes, please annet Insurance Company:  Does of view own a vehicle? Y N If yes, please annet Insurance Company:  Does the driver own evehicle? Y N If yes, please annet Insurance Company:  Does the driver own evehicle? Y N If yes, please annet Insurance Company:  Does the driver own evehicle? Y N If yes, please annet Insurance Company:  Does the driver own evenicle? Y N If yes, please annet Insurance Company:  Does the driver we rebeen contact of the property owner insurance Company:  Does the driver own evenicle? Y N If yes, please annet Insurance Company:  Does the driver own evenicle? Y N If yes, please a							
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THIRD PARTY # 1  (a) Owner's Name:	(c) Nature of dama	ge to pedal cycle:					
Address:	IF VEHICLE OR MOT	ORCYCLE, PLEASE	PROVIDE:				
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	If yes, give details:	er ironi any iliness	, whether physic	ai oi illelital, defective	nearing or vision?	□ i □ IN	

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 opera	ate		
My licence was issued or	n		
(2) You are willing to have ICV (3) ICWI's Attorneys-at-Law ro N.B. Every letter, claim, writ, I/We hereby declare that the or in any further declaration	summons and process shall be notified or forward foregoing particulars given by me/us have beer	nner that they think appropriate although they may solicit your comm rded to the Company immediately on receipt without any admission read over and found to be true and correct in every respect. Further accident shall make any false or fraudulent statement, or if found gui or future accidents shall be forfeited.	of 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.

