



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, Fax: (345) 949-6929

WINDSCREEN DAMAGE 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 _____

NOTE: "N/A" means "Not Applicable" Insured's Signature

THE INSURED

Name:	_____	Age:	_____	
Address:	_____		Phone:	_____
Business/Profession:	_____			
Business Name and Address:	_____		Phone:	_____
Email Address:	_____			

THE POLICY

Policy No:	_____	Due Date:	_____	Last Premium Paid:	_____
Type of Cover:	_____		Insured Value:	_____	

PARTICULARS OF VEHICLE

Year:	_____	Make:	_____	Model/Type	_____
Regn. No:	_____	Cubic Capacity/Horse Power	_____	Seating Capacity:	_____
For what purpose was the vehicle being used at the time of the loss/damage? _____					
Was the vehicle being used with the Owner's knowledge and consent? _____					
How many persons were being carried in the vehicle? _____			Fare Paying: _____		
Were any trailers attached to the vehicle? If so, give description and weight of load: _____					

THE DRIVER ☐

CUSTODEE ☐

TICK APPROPRIATE BOX

Name:	_____			Age:	_____
Home Address:	_____			Phone:	_____
Occupation:	_____	Is driver in your service?	_____	If so, how long?	_____
Relationship between Insured and Driver: _____					
Licence No:	_____	(to be presented with this Report form)	Date of Issue	_____	
Type of Licence	_____	Driving Experience	_____	Previous Accidents	_____

THE LOSS/DAMAGE

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

THE THIRD PARTY

Owner's Name:	_____	Driver's Name:	_____
Owner's Address:	_____	Driver's Address:	_____
Licence No:	_____	Make of Vehicle:	_____
Type of Vehicle:	_____	Insurance Co:	_____

THE WITNESSES

Name:	_____	Address:	_____	Phone:	_____
Name:	_____	Address:	_____	Phone:	_____

THE 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, and I/we agree that if I/we have made, or in any further declaration the Company require in respect of the said accident, shall make any false or fraudulment statement, or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents, shall be forfeited.

Date: _____ Insured's Signature: _____

Witness: _____ (please print name) _____ (signature) Driver's Signature: _____

Damage Inspected By _____ (please print name) _____ (signature)

Chassis # _____ Checked: Yes ☐ No ☐