THE INSURANCE COMPANY OF THE WEST INDIES LIMITED 13 Castle Street, Roseau, Dominica. Phone: 767-440-ICWI (4294). Email: dominica@icwi.com

MOTOR ACCIDENT REPORT FORM

THE INSURED	"N/A" means "Not Applicable"		
Name:	Contact #s:		
Home Address:			
Occupation:	Ema	il Address:	
Employer/Business Name:	Contact #s:		
Employer/Business Address:			
VEHICLE INFORMATION			
Policy #:	Licence Plate #:		Year:
Make:	Model/Type:		Colour:
Name and Address of any Bank or Company	financially interested in the vehicle:		
Was there any unrepaired damage to your ve	hicle before this accident? $\Box Y \Box$	N If yes, give details:	
Where on your vehicle was damaged in this	accident?		
Did a wrecker remove your vehicle?	/ N If yes, give name:		Contact #:
Where can the vehicle be inspected?			Contact #:
State the exact purpose for which the vehicl	e was being used at the time of the a	ccident:	
Was your vehicle towing anything?	′ □ N If yes, give description:		and weight of load:
Were goods being carried?	✓ □ N If yes, state the nature of the goods: and weight of load:		
How many persons including the driver were	e in the vehicle?	Were they charged a fee to be transp	ported?
If the vehicle was driven by a person other t	han the Insured, with whose permiss	ion was it being used?	
THE ACCIDENT			
Date of accident: Tir	ne: Place:		Parish:
Who do you think is at fault?			
Nas a report made to the police? $Y \square N$ If yes, state Name of Policeman: Badge #:			Badge #:
Name of Police Station:			
Did the other driver or anyone else involved in the accident state that they will make a claim? \Box Y \Box N			
Were there any Independent Witnesses?	Y N If yes, please please	give information below:	
Witness #1 Name: Witness #1 Contact #:			
Witness #2 Name:	e: Witness #2 Contact #:		
Condition of Road:	Kind of Surface: Visibility:		
	INSURED'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 N		Y N
PASSENGERS IN INSURED'S VEHICLE			

NAME ADDRESS CONTACT # OCCUPATION RELATIONSHIP TO THE INSURED NATURE OF INJURY, IF ANY AND HOSPITAL ATTENDED

PASSENGERS IN INSURED'S VEHICLE, Cont.

NAME	ADDRESS	CONTACT #	OCCUPATION	RELATIONSHIP TO THE INSURED	NATURE OF INJURY, IF ANY AND HOSPITAL ATTENDED

THIRD PARTY INFORMATION

IF PEDESTRIAN OR P	EDAL CYCLIST, PLEASE PROVIDE:			
(a) Name:				Contact #:
Address:				
(b) Nature of injury,	if any:			
(c) Nature of damag	ge to pedal cycle:			
IF VEHICLE OR MOTO	ORCYCLE, PLEASE PROVIDE:			
THIRD PARTY # 1				
(a) Owner's Name:				Contact #:
Address:				
(b) Driver's Name:				Contact #:
Address:				
(c) Year:	Make:	Model:	Licence Plate #	
(d) How many perso	ons were in the vehicle?	How many were injured?		
(e) Insurance Comp	bany:			
Nature of damag	ge 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 perso	ons were in the vehicle?	How many were injured?		
(e) Insurance Comp	any:			
Nature of damag	ge to vehicle:			
IF OTHER PROPERTY	, PLEASE PROVIDE:			
Was there damage t	to any other property (such as walls, fence	s, cultivations & animals)?	Y N If yes, give Prop	perty Owner info below:
PROPERTY #1:				
Name:				Contact #:
Address:				
PROPERTY #2:				
Name:				Contact #:
Address:				
THE DRIVER OF IN	SURED'S VEHICLE			
	ship between the Insured and the driver?			
How many years of o	driving experience does the driver have?	I	How many accidents in the last	3 years?
Has the driver ever b	been convicted for a Motor Vehicle offence	e? Y N I	If yes, what?	
Had driver been drinl	king? Y N Has driver	ever been refused Insurance?	Y N If yes, why	?
Does driver own a ve	ehicle? Y N If yes, plea	se name Insurance Company:		
Does the driver suffe	er from any illness, whether physical or me	- ental, defective hearing or visior	n? 🗌 Y 🛄 N	

oes the driver suffer from any illness, whether physical or mental, defective hearing or vision?
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If yes, give details:

STATEMENT - S	State fully the particulars or c	ircumstances leading to the a	ccident and what happened after.	. Statement should be completed by	y the driver.
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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 operate		
My licence was issued on		

LEGAL PROCEEDINGS

(1) Your driver will attend Court to give evidence regarding the accident.

(2) You are willing to have ICWI's in-house Attorney-at-Law handle the Suit.

(3) ICWI's Attorneys-at-Law reserve the right to dispose of the Suit in the manner that they think appropriate although they may solicit your comment or opinion from time to time. N.B. Every letter, claim, writ, summons and process shall be notified or forwarded to the Company immediately on receipt without any admission of liability by you.

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 accidents shall be forfeited.

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.

