

## THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

13 Castle Street, Roseau, Dominica. Phone: 767-440-ICWI (4294). Email: dominica@icwi.com

## MOTOR THEFT CLAIM FORM

THE INSURED			"N/A"	means "Not Applicable"		
Name:	Contact #s:					
Home Address:						
Occupation:	Email Address:					
Employer/Business Name:			Contact #s:			
Employer/Business Address:						
VEHICLE INFORMATION						
Policy #:	Year:	M	ake:			
Reg. #:	Colour:	Model/T	ype:			
Was there any unrepaired damage prior to the the	ft?	If so, give details:				
Were there any modifications? $\qquad \qquad \square Y \qquad \square N$	If so, give details:					
Distinguishing marks?	If so, give details:					
Special fittings and accessories? $\qquad \qquad \qquad$	If so, please state:					
Has the vehicle been recovered? $\qquad \qquad \qquad$	If so, in what condi	tion:				
Where can the vehicle be inspected?						
Name and Address of any Bank or Company financi	ally interested in the veh	icle:				
USE OF VEHICLE						
State the exact purpose for which the vehicle was	being used at the time o	of the theft:				
Were goods being carried? $\square Y \ \square N$ If ye	g carried? Y N If yes, state the nature of the goods: and weight of load:					
How many persons including the driver were in the vehicle?  Were they charged a fee to be transported?						
If the vehicle was driven by a person other than the Insured, with whose permission was it being used?						
Was the Insured in the vehicle when the theft occurred? $\square Y \square N$						
THE THEFT						
Date of theft: Time: Place:						
Was it a hold up? Y N Would you be able to identify the person or persons? Y N						
If yes, please state:						
Were there any Witnesses?	If yes, please	e give information below:				
Witness #1 Name:	Witness #1 Contact #:					
Witness #2 Name:	Witness #2 Contact #:					
Name of Policeman:	Badge #:					
The Station concerned:						
Date Reported: Time:						
If claim is for loss of parts, tyres, etc., please	complete the follow	ing:				
Description of Items	Price Paid	Where Purchased	Date Purchased	Amount Being Claimed		
THE DRIVER Or CUSTODEE	(Please select appropr	riate box)				
Name:		Conta	ect #s:			
Home Address:						
Occupation:	Employer/Business Name:					
Driver's Licence Number:						
Type of Licence: Previous Accidents:						
What is the relationship between the Insured and	the Driver?					

STATEMENT			
I/We have made, or in any fur	ther declaration the Company may require in re	read over and found to be true and correct in every respect. Furtespect of the said theft shall make any false or fraudulent statemed wer thereunder in respect of past or future losses shall be forfeited	ent, or if found guilty of
Date:	Insured's	Driver's	
	Insured's Signature:	Driver's Signature:	
	Witness' Name:	Witness' Signature:	