



THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

2 St. Lucia Avenue, Kingston 5. Tel: (876) 926-9040-7. Email: direct@icwi.com

MOTOR ACCIDENT REPORT FORM

THE INSURED

"N/A" means "Not Applicable"

Name: _____ Contact #: _____
 Home Address: _____
 Occupation: _____ Employer/Business Name: _____
 Employer/Business Address: _____
 Contact #s: _____ Email 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 vehicle before this accident? Y N
 Where on your vehicle was damaged in this accident? _____
 Did a wrecker remove your vehicle? Y N If yes, give name: _____ Contact #: _____
 Where can the vehicle be inspected? _____ Contact #: _____

USE OF VEHICLE

State the exact purpose for which the vehicle was being used at the time of the accident: _____
 Was your vehicle towing anything? Y N If yes, give description: _____ And weight of load: _____
 Were goods being 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? Y N
 If the vehicle was driven by a person other than the Insured, with whose permission was it being used? _____

THE ACCIDENT

Date of accident: _____ Time: _____ Place: _____ Parish: _____
 Who do you think is as fault? _____
 Was a report made to the police? Y N If yes, state Name of Policeman: _____ Badge #: _____
 Name of Police Station: _____ Were you warned for prosecution? Y N
 Did the other driver or anyone else involved in the accident state that they will make a claim? Y N
 Were there any Independent Witnesses? Y N If yes, Witness #1 Name: _____
 Witness #1 Contact #: _____ Witness #2 Name: _____ 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?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

PASSENGERS IN INSURED'S VEHICLE

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

THIRD PARTY INFORMATION

IF PEDESTRIAN OR PEDAL CYCLIST, PLEASE PROVIDE:
 (a) Name: _____ Address: _____ Contact #: _____
 (b) Nature of injury, if any: _____
 (c) Nature of damage to pedal cycle: _____
 IF VEHICLE OR MOTORCYCLE, PLEASE PROVIDE:
 THIRD PARTY # 1
 (a) Owner's Name: _____ Address: _____ Contact #: _____
 (b) Driver's Name: _____ Address: _____ Contact #: _____
 (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: _____

THIRD PARTY # 2		
(a) Owner's Name: _____	Address: _____	Contact #: _____
(b) Driver's Name: _____	Address: _____	Contact #: _____
(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)? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, Property Owner info:
Name: _____	Address: _____	Contact #: _____

THE DRIVER OF INSURED'S VEHICLE

What is the relationship between the Insured and the driver? _____	
How many years of driving experience does the driver have? _____	How many accidents in the last 3 years? _____
Has the driver ever been convicted for a Motor Vehicle offence? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what? _____
Had driver been drinking? <input type="checkbox"/> Y <input type="checkbox"/> N	Has driver ever been refused Insurance? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, why? _____
Does driver own a vehicle? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, please name Insurance Company: _____
Does the driver suffer from any illness, whether physical or mental, defective hearing or vision? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, give details: _____	

STATEMENT - State fully the particulars or circumstances leading to the accident and what happened after. Statement should be completed by the driver.

My name is _____	and I live at _____
My contact number is _____	. I was born on _____ . I am a/an _____
and am employed to _____	.
I am the holder of a _____	driver's licence # _____ which allows me to operate _____
My license was issued at _____	Tax Office 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: _____	
Witness' Name: _____	Witness' Signature: _____	Driver's 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.

