



# 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, please give information below:

Witness #1 Name: \_\_\_\_\_ Witness #2 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

**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 PEDAL CYCLIST, PLEASE PROVIDE:

(a) Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Address: \_\_\_\_\_

(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: \_\_\_\_\_ 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: \_\_\_\_\_

**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: \_\_\_\_\_

**PROPERTY #2:**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Address: \_\_\_\_\_

**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?  Y  N If yes, what? \_\_\_\_\_

Had driver been drinking?  Y  N Has driver ever been refused Insurance?  Y  N If yes, why? \_\_\_\_\_

Does driver own a vehicle?  Y  N If yes, please name Insurance Company: \_\_\_\_\_

Does the driver suffer from any illness, whether physical or mental, defective hearing or vision?  Y  N

If yes, give details: \_\_\_\_\_



## 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.

