

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 #s:						#s:	
Home Address:								
Occupation: Employer/Business Name:								
Employer/Business Address:								
Contact #s: Email Address:								
Policy #:		Licer	nce Plate #:				Year:	
Make:		M	lodel/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? $\Box$ Y $\Box$ N Where on your vehicle was damaged in this accident?								
Did a wrecker remove your vehi Where can the vehicle be inspec		/ N If yes,	give name:				Contact #: Contact #:	
USE OF VEHICLE State the exact purpose for white	ch tho vohicl	o was boing used	at the time of t	tho acc	idont:			
		_					and weight of load:	
Was your vehicle towing anything?       Y       N       If yes, give description:         Were goods being carried?       Y       N       If yes, state the nature of the give description:			a aoods.	ds: and weight of load: and weight of load:				
How many persons including the	e driver wer					a fee to be transpo		
If the vehicle was driven by a pe			with whose ner					
		nan the moured,	with whose per	11133101				
THE ACCIDENT			Diago				Dorich	
	Date of accident: Time:Place: Parish:			Palisii				
Who do you think is as fault? Was a report made to the police	$\sim$ $\Box v$	N If	yes, state Name		icoman:		Padro #:	
Name of Police Station:			yes, state marine			ou warned for pros	Badge #: ecution?	
Did the other driver or anyone	also involvod	in the accident of	tato that thou w	vill mak		Ou warned for pros ]Y □N		
			-					
Were there any Independent Witnesses?       Y       N       If yes, please please give information below:         Witness #1 Name:       Witness #2 Contact #:								
Witness #2 Name:					Witness #2 Contact #:			
						Visibility:		
		INSURE	D'S VEHICLE		THIRD P	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		Y N	
PASSENGERS IN INSURED'S	VEHICLE							
NAME	A	DDRESS	CONTACT #	0	CCUPATION	RELATIONSHIP TO THE INSURED	NATURE OF INJURY, IF ANY AND HOSPITAL ATTENDED	

## PASSENGERS IN INSURED'S VEHICLE, Cont.

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

### 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:	C	ontact #:
Address:		
(b) Driver's Name:	C	ontact #:
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:	C	Contact #:
Address:		
(b) Driver's Name:	C	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 Proper	rty Owner info below:
PROPERTY #1:		
Name:	(	Contact #:
Address:		
PROPERTY #2:		
Name:	C	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?	 If yes, what?	
Had driver been drinking?	? Y N If yes, why?	
Does driver own a vehicle? $\Box Y \Box N$ If yes, please name Insurance Company	r:	
Does the driver suffer from any illness, whether physical or mental, defective hearing or vis	ion?	

If yes, give details:

STATEMENT - State fully the particulars or circums My name is	stances leading to the accident and what happened after. Statement should be	
l 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 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:

Driver's
Signature:

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.

