

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	t #s:	
Home Address:							
Occupation: Employer/Business Name:							
Employer/Business Address:							
Contact #s:	ontact #s: Email Address:						
VEHICLE INFORMATION							
Policy #:		Licer	nce Plate #:		Year:		
Make:		M	odel/Type:		Colour:		
Name and Address of any Bank	or Company	financially interes	sted in the vehi	icle:			
Was there any unrepaired dama	ge to your ve	hicle before this a	ccident?	Y N			
Where on your vehicle was dam	naged in this	accident?					
olid a wrecker remove your vehicle? Y N If yes, give name:						Contact #:	
Where can the vehicle be inspec	nere can the vehicle be inspected?						
USE OF VEHICLE							
State the exact purpose for whi	ch the vehicl	e was being used	at the time of	the accident:			
Was your vehicle towing anythi	ng?	/ N If yes,	, give descriptio	on:		and weight of load:	
Were goods being carried?		✓ N If yes,	state the natur	re of the goods:		and weight of load:	
How many persons including the	e driver were	e in the vehicle?		Were they charge	d a fee to be transpo	orted?	
If the vehicle was driven by a pe	erson other t	han the Insured, v	with whose per	—— mission was it being us	ed?		
THE ACCIDENT							
Date of accident:	Tiı	me:	Place:			Parish:	
Who do you think is as fault?							
— Was a report made to the police	e? _Y	□N If	yes, state Name	e of Policeman:		Badge #:	
Name of Police Station:				Were	you warned for pros	ecution?	
Did the other driver or anyone e	else involved	in the accident st	tate that they v	vill make a claim?]Y		
Were there any Independent W	itnesses?	YN II	f yes, please ple	ease give information b	elow:		
Witness #1 Name:					Witness #2 Cont	act #:	
Witness #2 Name:					— Witness #2 Cont	act #:	
Condition of Road:			Kind of Su	urface:	_	Visibility:	
		INSURED	D'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 ac	cident?						
Head Lights/Indicator (on, off, dir	m or bright):						
Was horn sounded?		Y	□Y □N		□N	YN	
PASSENGERS IN INSURED'S	VEHICLE						
NAME	A	DDRESS	CONTACT #	OCCUPATION	RELATIONSHIP TO THE INSURED	NATURE OF INJURY, IF ANY AND HOSPITAL ATTENDED	

NAME		ADDRESS	CONTACT #	OCCUPATION	RELATIONSHIP TO THE INSURED	NATURE OF INJURY, IF ANY AND HOSPITAL ATTENDED
THIRD PARTY INF	ORMATION					
IF PEDESTRIAN OR F	PEDAL CYCLIST, PL	EASE PROVIDE:				
(a) Name:						Contact #:
Address:						
(b) Nature of injury	, if any:					
(c) Nature of dama						
IF VEHICLE OR MOT	ORCYCLE, PLEASE	PROVIDE:				
THIRD PARTY # 1						
(a) Owner's Name						Contact #:
Address:						
(b) Driver's Name:						Contact #:
Address:						1
(c) Year:	Make:		Model:	(Licence P	late #:
(d) How many pers		ehicle?	How many wo	ere injured?		
(e) Insurance Com	· · · · · · · · · · · · · · · · · · ·					
Nature of dama	ge to venicie:					
(a) Owner's Name:						Contact #:
Address:	•					
(b) Driver's Name:						Contact #:
Address:						
(c) Year:	Make:		Model:		Licence P	late #:
(d) How many pers	ons were in the v	rehicle?	How many we	ere injured?		
(e) Insurance Com						
Nature of dama	ge to vehicle:					
IF OTHER PROPERT	-	DE:				
Was there damage	to any other prop	perty (such as wa	alls, fences, cultivations	& animals)?	Y N If yes, giv	e Property Owner info below:
PROPERTY #1:						
Name:						Contact #:
Address:						
PROPERTY #2:						
Name:						Contact #:
Address:						
THE DRIVER OF I	NSURED'S VEHIC	CLE				
What is the relation	ship between the	Insured and the	driver?			
How many years of	driving experienc	e does the drive	r have?	Н	ow many accidents in th	ne last 3 years?
Has the driver ever	been convicted fo	or a Motor Vehic	le offence?	N If	yes, what?	
Had driver been drir	nking?	□N н	as driver ever been refu	sed Insurance?	☐Y ☐N If yes	s, why?
Does driver own a v	rehicle?	□N If	yes, please name Insura	ance Company:		
Does the driver suff	er from any illnes	s, whether phys	ical or mental, defective	hearing or vision	?	
If yes, give details:						

STATEMENT - State My name is	runy the particulars or circumstances lead	ing to the accident and what happened after. Statement shoul	u be completed by the driver.
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 ope			·
My licence was issued a	at 	Tax Office on	·
(2) You are willing to have IO (3) ICWI's Attorneys-at-Law N.B. Every letter, claim, writ I/We hereby declare that th or in any further declaration the policy shall be void and I/WE HEREBY ACKNOWLEDO Jamaica and other such enti	ourt to give evidence regarding the accident. CWI's in-house Attorney-at-Law handle the Suit. reserve the right to dispose of the Suit in the mais, summons and process shall be notified or forwate foregoing particulars given by me/us have been the company may require in respect of the said all rights to recover thereunder in respect of past GE that THE INSURANCE COMPANY OF THE WEST	INDIES LIMITED shares with other insurance companies, the Police and the cyholders and their insurance transactions and I/we hereby consent to TH	ability by you. /e agree that, if I/We have made, f any suppression or concealment, ne Island Traffic Authority in
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.

