



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.

