

THE INSURANCE COMPANY OF THE WEST INDIES LIMITED 2 St. Lucia Avenue, Kingston 5. Tel: (876) 926-9040-7. Email: direct@icwi.com

MOTOR THEFT CLAIM FORM

THE INSURED			"N/A"	means "Not Applicable"		
Name:	Contact #s:					
Home Address:						
upation: Employer/Business Name:						
imployer/Business Address:						
Contact #s: Email Address:						
VEHICLE INFORMATION						
Policy #:	Year:	М	ake:			
Reg. #:	Colour:	Model/T	ype:			
Was there any unrepaired damage prior to the the	ft?	If so, give details:				
Were there any modifications? $\square Y \square N$	If so, give details:					
Distinguishing marks?	If so, give details:					
Special fittings and accessories?	If so, please state:					
Has the vehicle been recovered?	If so, in what condi	tion:				
Where can the vehicle be inspected?						
Name and Address of any Bank or Company financially interested in the vehicle:						
USE OF VEHICLE						
State the exact purpose for which the vehicle was b	peing used at the time o	of the theft:				
Were goods being carried? Y N If ye						
How many persons including the driver were in the vehicle? Were they charged a fee to be transported?						
If the vehicle was driven by a person other than the Insured, with whose permission was it being used?						
Was the Insured in the vehicle when the theft occurred?						
THE THEFT						
Date of theft: Time: Place:						
Was it a hold up? Y N Would you be able to identify the person or persons? Y N						
If yes, please state:						
Were there any Witnesses? Y N	If yes, please	e give information below:				
tness #1 Name: Witness #1 Contact #:						
Witness #2 Name:	Witness #2 Contact #:					
Name of Policeman:	Badge #:					
The Station concerned:						
Date Reported: Time:						
If claim is for loss of parts, tyres, etc., please complete the following:						
Description of Items	Price Paid	Where Purchased	Date Purchased	Amount Being Claimed		
THE DRIVER or CUSTODEE	(Please select appropr	riate box)				
Name: Contact #s:						
Home Address:						
Occupation: Employer/Business Name:						
Driver's Licence Number:	Date issued: Driving experience:					
Type of Licence: Previous Accidents:						
Vhat is the relationship between the Insured and the Driver?						

STATEMENT			
I/We have made, or in any sany suppression or conceals I/WE HEREBY ACKNOWLED Authority in Jamaica and ot	further declaration the Company may require in responent, the policy shall be void and all rights to recove GE that THE INSURANCE COMPANY OF THE WEST IN	ead over and found to be true and correct in every respect. bect of the said theft shall make any false or fraudulent stat r thereunder in respect of past or future losses shall be forfe DIES LIMITED shares with other insurance companies, the Fout its policyholders and their insurance transactions and I, about my/our insurance transactions.	tement, or if found guilty o eited. Police and the Island Traffi
Date:	Insured's Signature:	Driver's Signature:	
	Witness' Name:	Witness' Signature:	