



THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

2 St. Lucia Avenue, Kingston 5. Tel: (876) 926-9040-7. Email: direct@icwi.com

WINDSCREEN DAMAGE CLAIM FORM

THE INSURED

"N/A" means "Not Applicable"

Name: _____ Contact #s: _____

Home Address: _____

Occupation: _____ Employer/Business Name: _____

Employer/Business Address: _____

Contact #s: _____ Email Address: _____

VEHICLE INFORMATION

Policy #: _____ Year: _____ Make: _____

Reg. #: _____ Colour: _____ Model/Type: _____

USE OF VEHICLE

State the exact purpose for which the vehicle was being used at the time of the loss/damage: _____

If the vehicle was driven by a person other than the Insured, with whose permission was it being used? _____

How many persons including the driver were in the vehicle? _____ Were they charged a fee to be transported? Y N

Were any trailers attached to the vehicle? Y N If so, give description and weight of load: _____

THE LOSS/DAMAGE

Date of accident: _____ Time: _____ Place: _____

Who in your opinion was to blame? _____

Did the Police investigate or take particulars? Y N If so, please state particulars below: _____

Name of Policeman: _____ Badge #: _____

The Station concerned: _____ Were you warned for prosecution? Y N

THE THIRD PARTY

Owner's Name: _____ Driver's Name: _____

Owner's Address: _____ Driver's Address: _____

Reg. #: _____ Make of Vehicle: _____

Model of Vehicle: _____ Insurance Company: _____

THE WITNESSES

Name: _____ Address: _____ Contact #: _____

Name: _____ Address: _____ Contact #: _____

THE DRIVER or **CUSTODEE** (Please select appropriate box)

Name: _____ Contact #s: _____

Home Address: _____

Occupation: _____ Is driver in your service? Y N If so, how long? _____

Relationship between the Insured and the Driver: _____ Licence Number: _____ Type of Licence: _____

Date issued: _____ Driving Experience: _____ Previous Accidents: _____

STATEMENT

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 losses shall be forfeited.

I/WE HEREBY ACKNOWLEDGE that THE INSURANCE COMPANY OF THE WEST INDIES LIMITED shares with other insurance companies, the Police and the Island Traffic Authority in Jamaica and other such entities from time to time, information about its policyholders and their insurance transactions and I/we hereby consent to THE INSURANCE COMPANY OF THE WEST INDIES LIMITED sharing such information about my/our insurance transactions.

Date: _____ Insured's Signature: _____ Driver's Signature: _____

Witness Name: _____ Witness Signature: _____

FOR INTERNAL USE ONLY Damage Inspected By: _____ Signature: _____

Chassis: _____ **CHECKED:** YES NO