

**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:
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? <input type="checkbox"/> Y <input type="checkbox"/> N		
Where on your vehicle was damaged in this accident?		
Did a wrecker remove your vehicle? <input type="checkbox"/> Y <input type="checkbox"/> 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? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, give description: and weight of load:
Were goods being carried? <input type="checkbox"/> Y <input type="checkbox"/> 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? <input type="checkbox"/> Y <input type="checkbox"/> 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 at fault?			
Was a report made to the police? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, state Name of Policeman:		Badge #:
Name of Police Station:	Were you warned for prosecution?		<input type="checkbox"/> Y <input type="checkbox"/> N
Did the other driver or anyone else involved in the accident state that they will make a claim? <input type="checkbox"/> Y <input type="checkbox"/> N			
Were there any Independent Witnesses? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please give information below:			
Witness #1 Name:	Witness #1 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: _____

My name is _____.	
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 operate _____.	
My licence was issued at _____	Tax Office on _____.

[illegible]

(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.

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.

(Revised July 2020)

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.

