



THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

2 St. Lucia Avenue, Kingston 5, Tel: 926-9040-7, 926-9182-91, Fax; 929-6641

MOTOR THEFT CLAIM FORM

I hereby declare that all particulars to be given are true and correct and that no false or fraudulent statement will be made _____
Insured's Signature

NOTE: "N/A" means "Not Applicable"

THE INSURED

Name..... Mr/Mrs/Miss: Date of Birth:

Address Phone:

Business/Profession: Employer

Business Name and Address: Phone

Email Address:

THE POLICY

Type of Policy Policy No. Period of Cover Excess %

Type of Cover Insured Value Restrictions

State whether or not a Valuation/Inspection was done at renewal/inception. If yes, by whom?

PARTICULARS OF VEHICLE

Year Make Model/Type Regn. No.

Colour Current Mileage Was there any unrepaired damage prior to the theft?

If so, give details

Were there any modifications? Distinguishing marks

Special fittings and accessories If so, please state Are there any co-owners?

Has the vehicle been recovered? If so, in what condition Where can it be inspected?

Name and Address of any Bank or Company financially interested in the vehicle

PARTICULARS OF USE

State specifically the purpose for which the vehicle was being used at the time of the theft. (Be specific)

Were goods being carried? If so, state the nature of the goods and weight of the load

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 DRIVER/CUSTODEE

Name Mr/Mrs/Miss Date of Birth

AddressPhone

Occupation (Specify) Employer/Business

Driver's Licence No. Date Issued Which Tax Office?

Type of Licence: PVT, GEN, GEN to include PPV/Foreign Country Driving Experience

What is the relationship between the Insured and Driver?

THE THEFT

Date of theft Time PlaceParish

Was it a hold up?

Would you be able to identify the person or persons If so, please state

Were there any witnesses? If so, please give names

Name of Policeman Number

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 for

STATEMENT

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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, and I/we agree that if I/we have made, or in any further declaration the Company may require in respect of the said theft 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.

Date: _____ Insured's Signature: _____

Witness: _____ (please print name) _____ (signature) Driver's Signature: _____