

## THE INSURANCE COMPANY OF THE WEST INDIES (CAYMAN) LIMITED

1c Bird Rock, Basseterre, St. Kitts & Nevis. Tel.: (869) 465-8753. Email: stkitts@icwi.com

## MOTOR THEFT 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:	Ν	/lake:		
Reg. #:	Colour:	ır: Model/Type:			
Was there any unrepaired damage prior to the theft?					
Were there any modifications? $\Box Y \Box N$	If so, give details:				
Distinguishing marks?	If so, give details:				
Special fittings and accessories?	If so, please state:				
Has the vehicle been recovered? $\Box Y \Box N$	If so, in what condit	tion:			
Where can the vehicle be inspected?					
Name and Address of any Bank or Company financially interested in the vehicle:					
State the exact purpose for which the vehicle was b	eing used at the time o	f the theft:			
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 charge	d a fee to be transported?	Y N	
If the vehicle was driven by a person other than the	Insured, with whose p	ermission was it being used?			
Was the Insured in the vehicle when the theft occu	rred?				
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 give information below:					
Witness #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 appropriate box)					
Name: Contact #s:					
Home Address:					
Occupation: Employer/Business Name:					
Priver's Licence Number: Date issued: Driving experience:					
Type of Licence: Previous Accidents:					
What is the relationship between the Insured and the Driver?					


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 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 losses shall be forfeited.

Date:

Insured's Signature:

Driver's Signature:

Witness' Name: Witness' Signature: