



**THE INSURANCE COMPANY OF THE WEST INDIES (SINT MAARTEN) B.V.**

Welfare Road #40B, Cole Bay, St. Maarten. Tel.: (721) 544-5074. Email: stmaarten@icwi.com

**BREAKAGE OF GLASS CLAIM FORM**

**THE INSURED**

"N/A" means "Not Applicable"

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Employer/Business 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: \_\_\_\_\_

Which glass was damaged?  Does the damaged glass possess any special features?  Y  N

If yes:  Camera  Sensor  Other (Please specify)

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 #: \_\_\_\_\_

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.

Date: \_\_\_\_\_ Insured's Signature: \_\_\_\_\_ Driver's Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

**FOR INTERNAL USE ONLY** Damage Inspected By: \_\_\_\_\_ Signature: \_\_\_\_\_

Chassis: \_\_\_\_\_ **CHECKED:** YES  NO