


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

MOTOR ACCIDENT REPORT FORM
THE INSURED
"N/A" means "Not Applicable"

Name: _____	Contact #s: _____
Home Address: _____	
Occupation: _____	Email Address: _____
Employer/Business Name: _____	Contact #s: _____
Employer/Business 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 If yes, give details: _____		
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: _____	Country: _____
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: _____

STATEMENT - State fully the particulars or circumstances leading to the accident and what happened after. Statement should be completed by the driver.

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 on _____	.

LEGAL PROCEEDINGS

- (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.

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

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.

