



THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

Welfare Road #40B, Cole Bay, St. Maarten, Tel: (721) 544-5074, Fax: (721) 544-5075

WINDSCREEN DAMAGE 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: _____ Age: _____
 Address: _____ Phone: _____
 Business/Profession: _____
 Business Name and Address: _____ Phone: _____
 Email Address: _____

THE POLICY

Policy No: _____ Due Date: _____ Last Premium Paid: _____
 Type of Cover: _____ Insured Value: _____

PARTICULARS OF VEHICLE

Year: _____ Make: _____ Model/Type _____
 Regn. No: _____ Cubic Capacity/Horse Power _____ Seating Capacity: _____
 For what purpose was the vehicle being used at the time of the loss/damage? _____
 Was the vehicle being used with the Owner's knowledge and consent? _____
 How many persons were being carried in the vehicle? _____ Fare Paying: _____
 Were any trailers attached to the vehicle? If so, give description and weight of load: _____

THE DRIVER

CUSTODEE

TICK APPROPRIATE BOX

Name: _____ Age: _____
 Home Address: _____ Phone: _____
 Occupation: _____ Is driver in your service? _____ If so, how long? _____
 Relationship between Insured and Driver: _____
 Licence No: _____ (to be presented with this Report form) Date of Issue _____
 Type of Licence _____ Driving Experience _____ Previous Accidents _____

THE LOSS/DAMAGE

Date of accident: _____ Time: _____ Place: _____
 Who in your opinion was to blame? _____
 Did the Police investigate or take particulars? _____ If so, please state:- Name of Policeman: _____
 Number _____ The Station concerned: _____ Were you warned for prosecution? _____

THE THIRD PARTY

Owner's Name: _____ Driver's Name: _____
 Owner's Address: _____ Driver's Address: _____
 Licence No: _____ Make of Vehicle: _____
 Type of Vehicle: _____ Insurance Co: _____

THE WITNESSES

Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____

THE 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, and I/we agree that if I/we have made, or in any further declaration the Company require in respect of the said accident, shall make any false or fraudulent statement, or 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: _____

Damage Inspected By _____ (please print name) _____ (signature)

Chassis # _____ Checked: Yes No