THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

29a Edward Street, Port of Spain, Trinidad. Tel.: (868) 625-1116-9, Fax: 1 (868) 625-4996

MOTOR VEHICLE 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 ..... Condition of Tyres ..... Was there any unrepaired damage prior to the accident? .....

If so. give details .....

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

Type of Road Licence: .....

Were any trailers attached to the vehicle? If so, give description and weight of load .....

If a Motor Cycle, was a Pillion Rider carried? .....

PARTICULARS OF USE

State specifically the purpose for which the vehicle was being used at the time of the accident .....

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 accident occurred? .....

THE DRIVER

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

Address .....Phone .....

Occupation ..... Employer .....Driving Experience .....

Driver's Licence No. ..... Date Issued ..... Which Licensing Division Office? .....

Class of Driving Permit: ..... Issuing Country ..... How many accidents in the last 3 years? .....

What is the relationship between the Insured and Driver? .....

Has driver ever been convicted for a Motor Vehicle offence? ..... If so, what? .....

Had driver been drinking? ..... Has driver ever been refused Insurance? .....

Does driver own a Vehicle? .....If so, please name Insurance Co. .....

Does the driver suffer from any physical infirmity, defective hearing or vision? .....

THE ACCIDENT

Date of accident ..... Time ..... Place .....

Who in your opinion was at fault? .....

Name of Policeman ..... Number .....

The Station concerned ..... Were you warned for prosecution? .....

Did the driver of the vehicle (or third party) make any statement bearing on the accident? .....

Did the driver (or third party) of the other vehicle appear to be under the influence of liquor/drugs? .....

Have you received any intimation of a claim from the other driver (or Third Party) .....

Condition of Road ..... Kind of surface ..... Visibility .....

THE ACCIDENT (Continued)

	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 accident?			
Lights (on, off, dim or bright)			
Was horn sounded?			

DAMAGE TO INSURED VEHICLE

Particulars of damage to Insured's vehicle .....

.....

Did a wrecker remove the vehicle? If so, give name and address .....

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Where can the vehicle be inspected ..... Phone .....

Repairer's Name and Address ..... Estimate $.....

PARTICULARS OF PASSENGERS IN INSURED'S VEHICLE

NAME	ADDRESS	OCCUPATION	AGE	RELATIONSHIP WITH THE INSURED	NAME OF INJURY, IF ANY AND HOSPITAL ATTENDED

WITNESSES

Independent Witnesses (Not previously known to Insured)	Name ..... Address ..... Phone ..... Name ..... Address ..... Phone ..... Name ..... Address ..... Phone ..... Name ..... Address ..... Phone ..... Name ..... Address ..... Phone .....
Other Witnesses	Name ..... Address ..... Phone ..... Name ..... Address ..... Phone .....

PARTICULARS OF THIRD PARTIES

IF PEDESTRIAN OR CYCLIST, PLEASE STATE:-

(a) Name and address ..... Phone .....

(b) Nature of injury, if any .....

(c) Damage to cycle .....

IF VEHICLE, PLEASE STATE:-

1. (a) Owner's name and address ..... Phone.....

(b) Driver's name and address ..... Phone .....

(c) Year ..... Make ..... Model ..... Regn. No. .....

(d) How many passengers were in the vehicle? ..... How many were injured? .....

(e) Insurance Company .....Nature of damage .....

..... Approximate cost of repairs $ .....

2. (a) Owner's name and address ..... Phone.....

(b) Driver's name and address ..... Phone .....

(c) Year ..... Make ..... Model ..... Regn. No. .....

(d) How many passengers were in the vehicle? ..... How many were injured? .....

(e) Insurance Company .....Nature of damage .....

..... Approximate cost of repairs $ .....

Please give details below of passengers injured in Third Party's vehicle:

NAME AND ADDRESS	OCCUPATION	APPROX. AGE	INJURY IF ANY

PARICULARS OF THIRD PARTIES (Continued)

DID THE DRIVER OR OWNER SIGN A WRITTEN ADMISSION OF LIABILITY? IF SO, PLEASE ATTACH SAME:

State details of damage done by your vehicle to property (such as walls, fences, cultivations and animals). Give name and address of owner:-

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LEGAL PROCEEDINGS: Please confirm your agreement with the following:-

(1) Your driver will attend Court to give evidence regarding this accident.

(2) You are willing to have ICWI's in-house Attorneys-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.

(4) You are willing if necessary to assist our process server in whatever manner possible and specifically as regards serving the Third Party.

Date _____ Insured's Signature _____ Driver's Signature _____

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 _____ and I live at _____

_____ I was born on _____

_____ I am a _____ employed to _____

I am the holder of a _____ drivers' licence which allows me to operate _____ My licence

was issued at _____ on _____ I have never been charged/convicted in

connection with any traffic offences.

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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, and 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: _____

Witness: _____ _____ Driver's Signature: _____

(please print name) **(signature)**