



# 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 THEFT 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 ..... Current Mileage ..... Was there any unrepaired damage prior to the theft? .....

If so, give details .....

Were there any modifications? ..... Distinguishing marks .....

Special fittings and accessories ..... If so, please state ..... Are there any co-owners? .....

Has the vehicle been recovered? ..... If so, in what condition ..... Where can it be inspected? .....

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

### PARTICULARS OF USE

State specifically the purpose for which the vehicle was being used at the time of the theft. (Be specific) .....

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 theft occurred? .....

### THE DRIVER/CUSTODEE

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

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

Occupation (Specify) ..... Employer/Business .....

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

Class of Driving Permit: ..... Issuing Country ..... Driving Experience .....

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

### THE THEFT

Date of theft ..... Time ..... Place .....

Was it a hold up? .....

Would you be able to identify the person or persons ..... If so, please state .....

Were there any witnesses? ..... If so, please give names .....

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

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 for

