



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

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