

THE INSURANCE COMPANY OF THE WEST INDIES LIMITED 13 Gray Street, St. Clair, Trinidad. Tel.: (868) 625-1116-9. Email: trinidad@icwi.com

MOTOR THEFT CLAIM FORM

THE INSURED			"N/A	" means "Not Applicable"		
Name:	Contact #s:					
Home Address:						
Occupation:	eation: Employer/Business Name:					
Employer/Business Address:						
Contact #s:	Ema	il Address:				
VEHICLE INFORMATION						
Policy #:	Year:		Make:			
Reg. #:	Colour:	 Model/	 Type:			
Was there any unrepaired damage prior to the	e theft? YNI	f so, give details:				
Were there any modifications?	N If so, give details:					
Distinguishing marks?	N If so, give details:					
Special fittings and accessories?	N If so, please state:					
	N If so, in what condit	ion:				
Where can the vehicle be inspected?						
Name and Address of any Bank or Company fin	ancially interested in the vehi	cle:				
	<u></u>					
USE OF VEHICLE		Calcoration Car				
	sich the vehicle was being used at the time of the theft:					
Were goods being carried? Y N	If yes, state the nature of the goods: and weight of load: Nere they charged a fee to be transported? N					
How many persons including the driver were i If the vehicle was driven by a person other tha			d a fee to be transported	?		
Was the Insured in the vehicle when the theft	occurred?i	I				
THE THEFT						
Date of theft: Tir	ne: Place:					
Was it a hold up? Y N Wo	ould you be able to identify th	ne person or persons?	□N			
If yes, please state:						
Were there any Witnesses?	N If yes, please	give information below:				
Witness #1 Name:		Witness #1 Contact #:				
Witness #2 Name:			Witness #2 Contact #:			
Name of Policeman:			Badge #:			
The Station concerned:						
Date Reported: Tir	ne:					
If claim is for loss of parts, tyres, etc., ple	ase complete the following	ng:				
Description of Items	Price Paid	Where Purchased	Date Purchased	Amount Being Claimed		
THE DRIVER Or CUSTODEE	(Please select appropri	ate box)				
Name:		Con	tact #s:			
Home Address:						
Occupation:	Employer/Bu	Employer/Business Name:				
Driver's Licence Number:	Date issued:	Driving experience:				
Type of Licence:	Previous Acc	cidents:				
What is the relationship between the Insured	and the Driver?					

STATEMENT			
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I/We hereby declare that t	he foregoing particulars given by me/us have been	read over and found to be true and correct in every respect. Fo	urther, I/We agree that, if
I/We have made, or in any any suppression or concea	further declaration the Company may require in re lment, the policy shall be void and all rights to recov	spect of the said theft shall make any false or fraudulent state er thereunder in respect of past or future losses shall be forfei	ment, or if found guilty of ted.
Date:	Insured's	Driver's	
	Insured's Signature:	Driver's Signature:	
	Witness' Name:	Witness' Signature:	