

**THE INSURANCE COMPANY OF THE WEST INDIES (TRINIDAD) LIMITED**

13 Gray Street, St. Clair, Trinidad. Tel.: (868)625-1116-9. Email: trinidad@icwi.com

BREAKAGE OF GLASS CLAIM FORM**THE INSURED****"N/A" means "Not Applicable"**

Name:	_____	Contact #s:	_____
Home Address:	_____		
Occupation:	_____	Email Address:	_____
Employer/Business Name:	_____	Contact #s:	_____
Employer/Business Address:	_____		

VEHICLE INFORMATION

Policy #:	_____	Year:	_____	Make:	_____
Reg. #:	_____	Colour:	_____	Model/Type:	_____

USE OF VEHICLE

State the exact purpose for which the vehicle was being used at the time of the loss/damage: _____

If the vehicle was driven by a person other than the Insured, with whose permission was it being used? _____

How many persons including the driver were in the vehicle? _____ Were they charged a fee to be transported? ☐ Y ☐ N

Were any trailers attached to the vehicle? ☐ Y ☐ N If so, give description and weight of load: _____

THE LOSS/DAMAGE

Date of accident: _____ Time: _____ Place: _____

Which glass was damaged? Does the damaged glass possess any special features? ☐ Y ☐ N

If yes: ☐ Camera ☐ Sensor ☐ Other (Please specify) _____

Who in your opinion was to blame? _____

Did the Police investigate or take particulars? ☐ Y ☐ N If so, please state particulars below: _____

Name of Policeman: _____ Badge #: _____

The Station concerned: _____ Were you warned for prosecution? ☐ Y ☐ N

THE THIRD PARTY

Owner's Name:	_____	Driver's Name:	_____
Owner's Address:	_____	Driver's Address:	_____
Reg. #:	_____	Make of Vehicle:	_____
Model of Vehicle:	_____	Insurance Company:	_____

THE WITNESSES

Name:	_____	Address:	_____	Contact #:	_____
Name:	_____	Address:	_____	Contact #:	_____

THE DRIVER ☐ or CUSTODEE ☐ (Please select appropriate box)

Name:	_____	Contact #s:	_____
Home Address:	_____		
Occupation:	_____	Is driver in your service?	☐ Y ☐ N If so, how long? _____
Relationship between the Insured and the Driver:	_____	Licence Number:	_____ Type of Licence: _____
Date issued:	_____	Driving Experience:	_____ Previous Accidents: _____

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. Further, 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 losses shall be forfeited.

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

Witness Name: _____ Witness Signature: _____

**FOR INTERNAL
USE ONLY**

Damage Inspected By: _____ Signature: _____

Chassis: _____

CHECKED: YES ☐ NO ☐