



The Insurance Company Of The West Indies (Cayman) Limited

1c Bird Rock, Basseterre, St. Kitts & Nevis, Tel: (869) 465-8753, Fax: (869) 465-6154, E-mail: stkits@icwi.com

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 _____
NOTE: "N/A" means "Not Applicable" _____ Insured's Signature _____

THE INSURED

Name.....	Mr/Mrs/Miss:	Date of Birth:
Address	Phone:	
Business/Profession:	Employer	
Business 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 unrepairs 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: i.e. whether Private, Private C.M.C., Public C.M.C. or P.P.V.			
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 Tax Office?
Type of Licence: PVT, GEN, GEN to include PPV. /Foreign 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	Parish
Who in your opinion was at fault?			
Did the Police investigate or take particulars? If so, state:-			
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	
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Did a wrecker remove the vehicle? If so, give name and address	
.....	
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	Name Address Phone
Witnesses (Not previously known to Insured)	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. Owner's name and address	Phone
2. Driver's name and address	Phone
3. Year Make Model	Regn. No.
4. How many passengers were in the vehicle?	How many were injured?
5. Insurance Company	Nature of damage
	Approximate cost of repairs \$
1. Owner's name and address	Phone
2. Driver's name and address	Phone
3. Year Make Model	Regn. No.
4. How many passengers were in the vehicle?	How many were injured?
5. 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

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 ICWTs in-house Attorneys-at-Law handle the Suit.
- (3) ICWTs 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
..... in the Parish of I was born on
19 I am a employed to
I am the holder of a driver's 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: (please print name) (signature) Driver's Signature:

