



Motor Accident Report Form

INSURANCE COMPANY JAMAICA LTD.
58 HALF WAY TREE ROAD, KINGSTON 10, JAMAICA, W.I.

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

INSURED'S NAME & ADDRESS	
Name	Occupation.....
Home Address	Telephone No.....
Business Address	Telephone No.....

PARTICULARS OF INSURANCE	
Policy No. or Certificate No	Renewal Date
Type of Cover..... Is there any other policy in force covering this vehicle?	

PARTICULARS OF VEHICLE		
Licence No	Make	Year of Make.....
Colour.....	Condition of Tyres	Was there any un-repaired damage
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

PARTICULARS OF USE	
State fully 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 the weight of the load	
How many persons were being conveyed in the vehicle? Were they charged a fee to be conveyed?	
If the vehicle was driven by a person other than the Insured, by whose authority was it being used?	
What is the relationship of the driver with the Policyholder	
Was the Policyholder in the vehicle when the accident took place?	

PARTICULARS OF PERSON DRIVING		
Driver's Name	Occupation.....	
Driver's Address		
No. of Driver's Licence	Date Issued	At what Tax Office
Type of Licence	Classes of vehicles specified in the licence	
Have you ever been convicted of any motor vehicle offence? If so, give particulars.....		
Date of birth		
Is he employed by you.....Has he been involved in an accident in the past three years? If so, give details of each accident		
Do you think you were at fault in this accident? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Have you suffered from Diabetes, Fits or any Heart complaint or any other physical or mental defect or infirmity?	
If so, give full particulars.....	
Has any Insurance Company or Underwriter refused or declined to continue any motor insurance for you?	

PARTICULARS OF ACCIDENT	
Date of accident	Was the accident reported to the Police?
Time.....	If so, state:
Place where accident occurred	(a) Whether they attended the scene
.....	(b) Address of Police Station
.....

Approximate speed of vehicle at time of accidentM.P.H. What Lamps were lit on the vehicle?..... Was the visibility good? Was the pavement wet?	(c) Name and Number of Investigating Officer..... (d) Were you warned for prosecution?..... (e) Was the other Driver warned for prosecution?
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PARTICULARS OF DAMAGE TO OWN VEHICLE

Was the vehicle damaged? if so, state:- a) Nature of damage b) What is the approximate cost of the repairs? \$	(c) Where is the vehicle now? (d) Who are the repairers?
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(IN ALL CASES WHERE YOUR VEHICLE IS DAMAGED AND YOU ARE ENTITLED TO CLAIM UNDER THE POLICY, PLEASE SEND AT ONCE TO THE COMPANY AN ESTIMATE OF REPAIRS).

PARTICULARS OF PASSENGERS IN INSURED'S VEHICLE

Name	Address	Occupation	Relationship with the Insured	Nature of Injury, if any and hospital attended
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.....
.....
.....
.....

PARTICULARS OF THIRD PARTIES

If any pedestrian or cyclist involved state:

(a) Name and address

(b) Nature of injury, if any

(c) damage to cycle

If other vehicles were involved state:-

1. Registration No Type of vehicle

Owner's name and address

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Driver's name and address.....

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Insurance Company Nature of damage

..... Approximate cost of repair \$

2. Registration No Type of vehicle

Owner's name and address

.....

Insurance Company Nature of damage

.....

Approximate cost of repairs \$

How many passengers were in the vehicle? (1) (2)

Were the persons in the vehicle injured? (1) (2)

