

THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

2 ST. LUCIA AVENUE, KINGSTON 5, TELEPHONE: 92-69182-5

PUBLIC LIABILITY INSURANCE CLAIM FORM

(The Company does not admit liability by the Issue of this form)

CLAIM NO.

Policy No.

Date of payment of last premium

Name of Insured

Address

Occupation

Date of Accident. Time

Where did the accident occur?

Cause of Accident and the circumstances under which it arose

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.....

Names and Addresses of Witnesses (1)

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(2)

.....

Names and Addresses of persons injured or whose property was damaged

(1)

.....

(2)

.....

Full details of injuries or damage sustained:

(a) Bodily injuries

.....

(b) Damage of Property

.....

I HEREBY DECLARE THAT THE ABOVE IS A FULL, TRUE AND ACCURATE STATEMENT.

Date

Insured's Signature