

## MOTOR ACCIDENT REPORT FORM

### A INSURED

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone Nos. Work \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

### B POLICY INFORMATION - FOR COMPLETION BY WEST INDIES ALLIANCE INSURANCE CO. LTD.

Type of Policy \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Policy Original Inception Date \_\_\_\_\_ Sum Insured \_\_\_\_\_  
 Policy Expiry Date \_\_\_\_\_ Excess \_\_\_\_\_

### C INSURED'S VEHICLE

Registration Letters & Nos. \_\_\_\_\_  
 Make and type \_\_\_\_\_ If goods carrying vehicle, State nature of goods carried \_\_\_\_\_  
 Is any finance company interested in the vehicle? \_\_\_\_\_ Was the vehicle being Used for hire or reward? \_\_\_\_\_  
 If so, give name \_\_\_\_\_ Repairer's name \_\_\_\_\_  
 And address \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 State the exact purpose for which the vehicle was being used at the time of accident \_\_\_\_\_ Where is the Vehicle now? \_\_\_\_\_  
 Where can it be inspected? \_\_\_\_\_  
 Extent of Damage \_\_\_\_\_  
 \_\_\_\_\_  
 Estimated cost of repairs \_\_\_\_\_