

**Motor Accident Report Form**Please answer **ALL** questions fully for speedy settlement of your claim.**N.B. THE FOLLOWING FOUR [4] SECTIONS ARE TO BE COMPLETED BY THE INSURED**

INSURED

Name \_\_\_\_\_

State any other name or nickname by which you are known \_\_\_\_\_

Home address \_\_\_\_\_

Tel # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail address \_\_\_\_\_

TRN \_\_\_\_\_ GCT # \_\_\_\_\_

Business address \_\_\_\_\_ Tel # \_\_\_\_\_

Occupation \_\_\_\_\_ Policy # \_\_\_\_\_

VEHICLE

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Reg # \_\_\_\_\_ Colour \_\_\_\_\_ Type of road licence \_\_\_\_\_

Chassis # \_\_\_\_\_ Engine # \_\_\_\_\_

Is vehicle subject to a Mortgage/Bill of Sale or Lease Agreement? Yes [ ] No [ ]

Name / Tel # of Finance Co. \_\_\_\_\_

USE OF  
VEHICLE

Purpose of use at the time of the accident \_\_\_\_\_

Was the Driver acting within the scope of his authority? Yes [ ] No [ ]

Was he driving with your consent? Yes [ ] No [ ]

How many persons including the Driver were in the vehicle? \_\_\_\_\_

Was there a charge for carrying them? Yes [ ] No [ ]

Were goods being carried? Yes [ ] No [ ]

Type of goods \_\_\_\_\_

Was there a charge for carrying them? Yes [ ] No [ ]

DAMAGE  
TO  
YOUR  
VEHICLE

Nature of damage \_\_\_\_\_

Repairer's name and address \_\_\_\_\_ Tel # \_\_\_\_\_

Where can the vehicle be inspected? \_\_\_\_\_

Estimated cost of repairs \_\_\_\_\_ Name/address/tel # of Wrecker Co. if used \_\_\_\_\_

DRIVER

**N.B. ALL OTHER SECTIONS ARE TO BE COMPLETED BY THE DRIVER**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

State any other name by which you are known \_\_\_\_\_

Home address \_\_\_\_\_

Tel # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail address \_\_\_\_\_

Business address \_\_\_\_\_ Tel # \_\_\_\_\_

Occupation \_\_\_\_\_ Years driving experience \_\_\_\_\_ Lic # \_\_\_\_\_

Class of Licence \_\_\_\_\_ Date issued \_\_\_\_\_ Date renewed \_\_\_\_\_ Expiry date \_\_\_\_\_

Are you employed by the Insured? Yes [ ] No [ ]

In what capacity? \_\_\_\_\_ Period employed \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

State if and when you have ever been convicted of a motor vehicle offence \_\_\_\_\_

What was/were the offense(s)? \_\_\_\_\_

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Give details of any endorsements of your licence \_\_\_\_\_

Give details of any restrictions that Insurers have placed on you \_\_\_\_\_

Do you own a motor vehicle? Yes [ ] No [ ]

Is it insured in your name? Yes [ ] No [ ] Name of Company \_\_\_\_\_

Was Driver a learner? Yes [ ] No [ ]

Who was seated immediately beside you in front seat? \_\_\_\_\_

No. of this person's Drivers Licence \_\_\_\_\_ Type of Licence \_\_\_\_\_

Date first issued \_\_\_\_\_ Date renewed \_\_\_\_\_ Expiry Date \_\_\_\_\_

Date of accident \_\_\_\_\_ Time \_\_\_\_\_ a m/ p m Place \_\_\_\_\_

Who in your opinion should be blamed and why? \_\_\_\_\_

Did the Police take particulars Yes [ ] No [ ]

Name of Officer \_\_\_\_\_ Number \_\_\_\_\_ Police Station \_\_\_\_\_

Who was warned or prosecuted? \_\_\_\_\_

THE

Did the Driver of the Third Party / other vehicle appear to be under the influence of alcohol? Yes [ ] No [ ]

Did the Third Party indicate that a claim would be forthcoming? Yes [ ] No [ ]

Condition of road \_\_\_\_\_ Kind of surface \_\_\_\_\_ Weather \_\_\_\_\_ Visibility \_\_\_\_\_

ACCIDENT

	INSURED	THIRD PARTY
Direction of travel		
On which side of road?		
Speed before accident		
Lights on? Off? Dim? Bright?		
Was horn blown?		

PASSENGERS

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

OTHER

WITNESSES

THIRD

PARTY

Insured's /Owner's name/address \_\_\_\_\_ Tel # \_\_\_\_\_

Driver's name/address \_\_\_\_\_ Tel # \_\_\_\_\_

Licence # of Driver \_\_\_\_\_ Type \_\_\_\_\_ Issue date \_\_\_\_\_ Expiry date \_\_\_\_\_

Vehicle: Year \_\_\_\_\_ Model \_\_\_\_\_ Type \_\_\_\_\_ Colour \_\_\_\_\_ Reg # \_\_\_\_\_

**Motor Accident Report Form**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Nature of damage \_\_\_\_\_

OTHER  
PROPERTY  
DAMAGE

Was any building wall, fence, utility pole or other property damaged? \_\_\_\_\_

What was the extent/ nature of damage? \_\_\_\_\_

Insured's/Owner's name/address/telephone # \_\_\_\_\_

INJURIES

Name/address of injured person	Relationship to Driver	Age	Occupation	Nature of injury

DRIVER'S

STATEMENT

**STATE FULLY HOW THE ACCIDENT HAPPENED**

I/We declare to the best of my/our knowledge and belief that these particulars are true in all respects and request you to deal on my/our behalf with any claims which may arise out of the accident in accordance with the terms and conditions of the policy.

I/We authorize you and your attorneys-at-law on my/our behalf to make such admissions and settlements and give such consent as you consider necessary for the disposal of such claims and any litigation arising therefrom

I/We submit copies of the following documents; (please tick [  ] )

1. [  ] Driver's licence
2. [  ] Motor vehicle Registration Certificate
3. [  ] Certificate of Fitness
4. [  ] Certificate of Title

# **BCIC BRITISH CARIBBEAN INSURANCE COMPANY LIMITED**

## **Motor Accident Report Form**

PLEASE INDICATE AREA  
OF DAMAGE IF ANY AND  
COMMENT FULLY BELOW

### **DIAGRAMS OF VEHICLES**

PLEASE INDICATE POSITION OF VEHICLES AT POINT OF CONTACT.  
PLEASE SHOW OBSTACLES THAT CONTRIBUTED TO THE ACCIDENT.

### **DIAGRAM OF ROAD**

\_\_\_\_\_  
DRIVER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSURED'S SIGNATURE

\_\_\_\_\_  
DATE

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### **FOR OFFICE USE ONLY:**

Claims Data Base checked: Date \_\_\_\_\_ Signature \_\_\_\_\_

Data entered on ISIS : Date \_\_\_\_\_ Signature \_\_\_\_\_

**Head Office : 36 Duke Street, Kingston, Jamaica, West Indies.  
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Telefax (876) 952 7101**

**We are open Monday to Friday, 8.30 a. m. to 4.30 p. m.**