

Head Office : 36 Duke Street, Kingston, Jamaica, West Indies.

Telephone (876) 922 1260 -6; Telefax (876) 922 4475

Email: bcic@cwjamaica.com

Branch : Shop 1, 29 Gloucester Avenue, Montego Bay, St. James, Ja., W. I.

Telephone (876) 952 7219 or (876) 952 3877 Telefax (876) 952 7101

CLAIM FORM (WINDSCREEN ONLY)

TO BE COMPLETED BY THE INSURED

Please state as fully and accurately as possible the information asked for below
Acceptance of this form is not an admission of liability on the part of the Company

Name of Insured Occupation

Address Telephone No

..... Policy No

TRN

MOTOR VEHICLE

Year Make Model..... Reg.#.....

Chassis # Engine #

DETAILS OF :

Driver Name of Driver

Address of Driver

Number, date and place of issue of driving licence

Was driver in your employ? Yes [] No []

Breakage Date of Breakage Estimated cost of replacement \$

Name & address of Repairer

State purpose for which vehicle was being used

.....

Describe how the damage occurred

.....

Was there any other damage to the vehicle at the time of the accident ? [] Yes [] No If Yes, give brief details below :-

.....

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 there from.

N.B. Please submit the following documents only if the vehicle was in motion at the time of the breakage :-

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

1. [] Driver's Licence
2. [] Motor Vehicle Registration Certificate

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

BCIC

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3. Certificate of Fitness

Date 20

Signature

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Windscreen – Form I [DSS]

Submit []

*Click on the Printer to
print the form* []

August 2002