

# GLOBE INSURANCE COMPANY OF JAMAICA LIMITED

## MOTOR VEHICLE ACCIDENT REPORT FORM

Claim No.....

*The Company does not admit liability by the issue of this form.*  
 TO AVOID DELAY AND INCONVENIENCE PLEASE ANSWER QUESTIONS FULLY  
 This form may be returned to you in the event of omissions

<b>Policy No.</b>	<b><u>DETAILS OF INSURED</u></b>	If you are completing this form for information purposes rather than submitting a formal claim under your policy please tick box <input type="checkbox"/>
Name.....	Date of Birth.....	
Address.....		
Occupation.....		
Tel No.....		
Email Address.....		

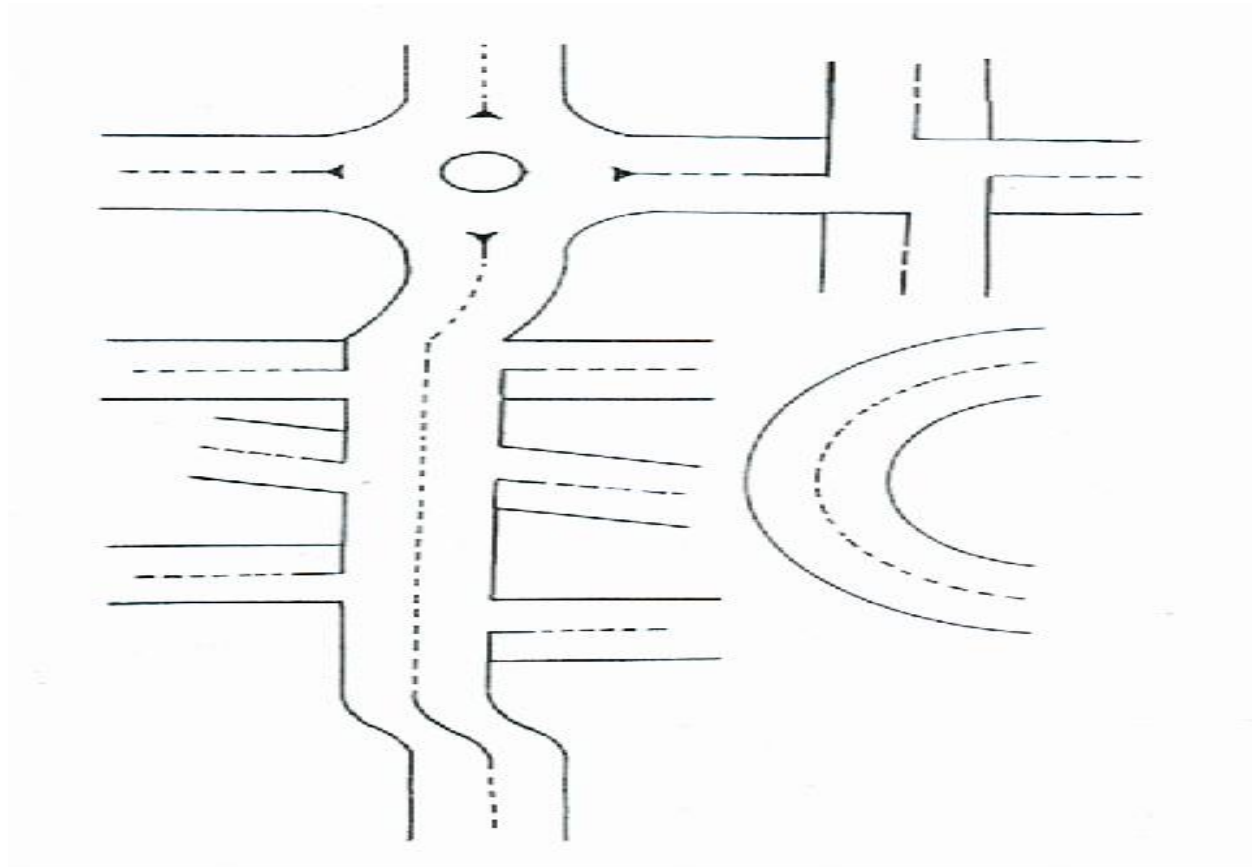
<b><u>DETAILS OF DRIVER</u></b>	
Name.....	Date of Birth.....
Address.....	
Occupation.....	Tel No.....
No. and Type of Driver's Licence.....	Place of Issue.....
Date of Issue of Original Driver's Licence.....	Expiry Date of Current Licence.....
Type of vehicle permitted to driver.....	
Relationship of Driver to Insured (a) Owner..... (b) Employee..... (c) Relative or Friend.....	
how long employed.....	
Has driver	YES/NO
(a) Been convicted of any driving or motoring offence within the last 5 years or is any prosecution pending?.....	YES/NO
If 'Yes' please give details.....	
(b) Been involved in an accident/loss during the last 5 years?.....	YES/NO
If 'Yes' please give details.....	
Does driver suffer from diabetes/epilepsy/heart condition or other physical or mental disability or infirmity?.....	YES/NO
If 'Yes' please give details.....	
If vehicle was driven other than by Insured, does Driver own a Motor Vehicle?.....	YES/NO
If 'Yes' please give details of Regn. No..... Insurers.....	

<b><u>PARTICULARS OF MOTOR VEHICLE CONCERNED:</u></b>					
Make of Vehicle	Type of Body	Year of Make	Horse Power/cc	Reg. Letter and No.	Chassis/Engine No.

Was the vehicle being used on Insured's order or with permission?.....	YES/NO
State fully the purpose for which the vehicle was being used at the time of the accident.....	
Is there any mortgage interest on the vehicle?.....	YES/NO
How many persons were being conveyed in the vehicle?.....	YES/NO
Were goods being carried?.....	YES/NO
Did you charge a fee?.....	YES/NO



Sketch of Accident – Please make a rough sketch showing traffic lights, signs, warnings, etc. where appropriate and position of vehicles indicating how far vehicles were from side of road. An arrow should indicate the direction in which you were moving.



Did the Police witness the accident?.....  YES/NO

Was Accident/Theft reported to Police?.....  YES/NO

Which Police Station?.....

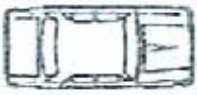
Who in your opinion is to be blamed for the Accident?.....

**WITNESSES**

**It is the utmost importance always to obtain the names and addresses of witnesses.**

	Full Name	Address	Telephone No.
Passengers	.....	.....	.....
in your	.....	.....	.....
vehicle	.....	.....	.....
Independent	.....	.....	.....
Witness	.....	.....	.....

**PARTICULARS OF OTHER VEHICLE OR PROPERTY INVOLVED IN ACCIDENT**

Name of Owner.....Reg. No. of Vehicle.....  
 Address.....Make of Vehicle.....  
 Name of Driver.....  
 Address of Driver.....  
 Name of Insurers.....Policy Number.....Type of Cover.....  
 Point of Impact: Mark XXXX  
 Full details of damage to vehicle or property (such as walls, fences, cultivation, animals)  
 ..... R  F  
 .....

**PARTICULARS OF INJURY TO OCCUPANTS OF INSURED'S VEHICLE**

Is your vehicle fitted with seat belts?   
 Were the passengers wearing seat belts?

Names and Addresses	Relationship with the Insured	Nature if Injury Hospital attended (if any)

**PARTICULARS OF INJURY TO THIRD PARTIES**

Names and Addresses	Whether driver, passenger, cyclist or pedestrian etc.	Nature if Injury Hospital attended (if any)

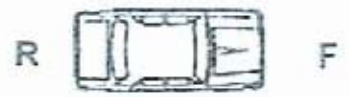
Has any notice of an Claim been given to you?.....

**Any communication you receive regarding the accident should be sent to the Company immediately unanswered.**

**PARTICULARS OF DAMAGE TO INSURED'S VEHICLE**

Point of Impact: Mark XXXX

Full details of damage.....  
 .....  
 .....



Estimated Cost of Repairs J\$.....

(Please submit detailed repair estimate)

Have you given an instructions as to Repairs being started?.....  Is your vehicle still in use?

Where can the vehicle be inspected?.....

Was the vehicle removed by wrecker?.....

If 'yes' give name of wrecker company.....

**I/We declare that the information given in this form is true and correct to the best of my/our knowledge.**

Date \_\_\_\_\_ 20\_\_\_\_

Insured's Signature.....

Date \_\_\_\_\_ 20\_\_\_\_

Driver's Signature.....