



INSURANCE COMPANY JAMAICA LIMITED

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STOLEN MOTOR REPORT FORM

PRINT CLEARLY AND ANSWER ALL QUESTIONS

INSURED'S NAME AND ADDRESS

Insured		Occupation	
Insured		Occupation	
Home Address			Telephone No.
Business Address			Telephone No.
Business Fax		E-mail Address	

PARTICULARS OF INSURANCE

Policy No. or Certificate No.		Renewal Date	
Type of Cover		Sum Insured	
Condition of Tyres		Was there any un-repaired damage?	
Name & Address of any Bank or Company with financial interest in the vehicle			
Type of Road Licence: ie whether Private; Private CMC; Public CMC; PPV			

PARTICULARS OF VEHICLE & USE

Licence Plate No.		Make & Model	
Year of Make		Colour	
State fully the purpose for which the vehicle was being used prior to the time of the theft.			
Were goods in the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, state the nature of the goods and the weight of the load			
If the vehicle prior to theft was driven by a person other than the Insured, by whose authority was it being used ?			
What is the relationship of the driver to the Policyholder?			

PARTICULARS OF LAST PERSON TO DRIVE VEHICLE PRIOR TO THEFT.

Driver's Name		Occupation	
Driver's Address			Telephone No.
Driver's Licence No.		Original Date Licence Issued	At Which Tax Office
Type of Licence	Classes of vehicles specified on the licence		
Have you ever been convicted of any motor vehicle offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, please give details
Date of birth		Is the driver employed by the Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?
Has the driver been involved in any accident(s) in the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, give details of each accident
Was the vehicle fitted with any anti-theft device (s) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state below.			

