



Kingston
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Montego Bay
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MOTOR VEHICLE ACCIDENT REPORT FORM

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.

Policy No.: <input style="width: 100%;" type="text"/>	<u>DETAILS OF INSURED</u>	If you are completing this form for information purposes only rather than submitting a formal claim under your policy please tick box <input type="checkbox"/>
Name: <input style="width: 100%;" type="text"/> Address: <input style="width: 100%;" type="text"/> Occupation: <input style="width: 100%;" type="text"/>	Date of Birth <input style="width: 100%;" type="text"/> Tel No. <input style="width: 100%;" type="text"/>	Email Address <input style="width: 100%;" type="text"/>

DETAILS OF DRIVER

Name: <input style="width: 100%;" type="text"/> Address: <input style="width: 100%;" type="text"/> Occupation: <input style="width: 100%;" type="text"/> No. and Type of Driver's Licence: <input style="width: 100%;" type="text"/> Date of Issue of Original Driver's Licence <input style="width: 100%;" type="text"/> Type of vehicle permitted to drive <input style="width: 100%;" type="text"/> Relationship of Driver to Insured <input type="radio"/> Owner <input type="radio"/> Employee <input type="radio"/> Relative or Friend How long employed <input style="width: 100%;" type="text"/>	Date of Birth <input style="width: 100%;" type="text"/> Tel No. <input style="width: 100%;" type="text"/> Place of Issue <input style="width: 100%;" type="text"/> Expiry Date of Current Licence <input style="width: 100%;" type="text"/>
Has driver (a) Been convicted of any driving or motoring offence within the last 5 years of is any prosecution pending? <input type="radio"/> Yes <input type="radio"/> No If 'Yes' please give details <input style="width: 100%;" type="text"/>	
(b) Been involved in an accident during the last 5 years? <input type="radio"/> Yes <input type="radio"/> No If 'Yes' please give details <input style="width: 100%;" type="text"/>	
Does driver suffer from diabetes/epilepsy/heart condition or other physical or mental disability or infirmity <input type="radio"/> Yes <input type="radio"/> No If 'Yes' please give details <input style="width: 100%;" type="text"/>	
If vehicle was driven other than by the insured, does Driver own a Motor Vehicle? <input type="radio"/> Yes <input type="radio"/> No If 'Yes' please give details <input style="width: 100%;" type="text"/>	

PARTICULARS OF MOTOR VEHICLE CONCERNED

Make of Vehicle	Type of Body	Year of Make	Horse Power/cc	Reg. Letter and No.	Chassis/Engine No.

PARTICULARS OF USE

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?

Were they charged a fee? Yes No

Were goods being carried? Yes No

Did you charge a fee? Yes No

PARTICULARS OF ACCIDENT

Date of Accident Time

Place Weather/Visibility

If after lighting time, state which of your light were lit

Estimated speed of your vehicle Condition of road surface

Did you sound your horn? Yes No

If so, how many times

Give full details of how Accident/Loss or Damage occurred

Have you or the driver been served with NOTICE OF INTENDED PROSECUTION?

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 they were moving.

Did the Police witness 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
independent Witnesses	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARTICULARS OF OTHER VEHICLE OR PROPERTY INVOLVED IN ACCIDENT

Name of Owner Regn. No. of Vehicle
 Address of Owner Make of Vehicle
 Name of Driver
 Address of Driver
 Name of Insurers Policy Number Type of Cover

Full Details of damage to vehicle or other property (such as walls, fences, cultivations, animals)

PARTICULARS OF INJURY TO OCCUPANTS OF INSURED'S VEHICLE

Is your vehicle fitted with seat belts? Yes No
 Were the passengers wearing seat belts? Yes No

Name	Addresses	Relationship with the Insured	Nature of Injury hospital attended (if any)

PARTICULARS OF INJURY TO OCCUPANTS OF THIRD PARTY'S VEHICLE

Name	Addresses	Whether, driver passenger, cyclist or pedestrian, etc.	Nature of Injury hospital attended (if any)

Has notice of any Claim been given to you? Yes No

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

PARTICULARS OF DAMAGE TO INSURED'S VEHICLE

Full Details of Damage

Estimated Cost of Repairs J\$

(Please submit detailed repair estimate)

Have you given any instructions as to Repairs being started? Yes No Is your vehicle still in use? Yes No

Where can the vehicle be inspected?

Was the vehicle removed by wrecker? Yes No

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/belief. I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Date

Insured's Signature _____

Date

Driver's Signature _____