



**Kingston**  
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**Montego Bay**  
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P.O. Box 170, Montego Bay, Jamaica, W.I.  
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## THIRD PARTY (GENERAL) ACCIDENT REPORT FORM

Branch  Policy No  Claim No

*This form should be completed and returned to the Insurers immediately, whether a claim has been made on the Insured or not.*

1. Name of Insured   
Address of Insured   
Business Address   
Telephone No.

2. Place of Accident   
Date of Accident  Time of Accident

3. If the accident occurred on premises occupied by the Insured and was due to a defect in th premises, who is responsible for maintenance and repair of the property?

4. Please explain how the accident occurred

5. Nature and extent of injury or damage

6. (a) Name of Injured Person  Age of Injured Person

Address of Injured Person

(b) Name of owner of property damaged

Address of owner of property damaged

(c) Is he or she in your service?  Yes  No

7. State whether any claim has been made upon you, with details of amount, if known. If the claim is in writing please forward the communication to us unanswered.

8. When, and by whom was the accident reported to you

9.

Names and addresses of witnesses to accident	
Names	Addresses

10. Give the number of the policeman, if any, who took particulars.

I/We hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made. 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 \_\_\_\_\_