



THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

2 St. Lucia Avenue, Kingston 5, Tel:926-9040-7, 926-9182-91, Fax:929-6641

WINDSCREEN DAMAGE CLAIM FORM

THE INSURED

Name: Age: Home Address: Phone: Business Address: Phone:

THE POLICY

Policy No: Due Date: Last Premium Paid: Type of Cover: Insured Value:

THE VEHICLE

(1) Year: Make: Model/Type: (2) License No: Cubic Capacity/Horse Power: Seating Capacity: (3) For what purpose was the vehicle being used at the time of the loss/damage? (4) Was the vehicle being used with the Owner's knowledge and consent? (5) How many persons were being carried in the vehicle? Fare paying? (6) Were any trailers attached to the vehicle? If so, give description and weight of load:

THE DRIVER CUSTODEE TICK APPROPRIATE BOX

Name: Age: Home Address: Phone: Occupation: Is driver in your service? If so, how long? License No: (To be presented with this Report form) Date of Issue: Type of License: Driving Experience: Previous Accidents:

THE LOSS/DAMAGE

Date of accident: Time: Place: Who in your opinion was to blame? Did the Police investigate or take particulars? If so, state:- Name of Policeman: Number: The Station Concerned: Were you warned for prosecution?

THE THIRD PARTY

Owner's Name: Driver's Name: Owner's Address: Driver's Address: License No: Make of Vehicle: Type of Vehicle: Insurance Co.:

THE WITNESSES

Name: Address: Phone: Name: Address: Phone:

THE STATEMENT

[Large empty box for statement]

I/We hereby declare that the foregoing particulars given by me/us have been read over and found to be true and correct in every respect, and I/we agree that if I/we have made, or in any further declaration the Company require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accident, shall be forfeited.

Date: Insured's Signature: Witness: Driver's Signature:

Damage Inspected By (PLEASE PRINT NAME) (SIGNATURE)