



THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

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

MOTOR THEFT CLAIM FORM

THE INSURED

Name..... Mr/Mrs/Miss: Date of Birth:
Address Phone:
Business/Profession: Employer
Business Name and Address: Phone

THE POLICY

Type of Policy Policy No. Period of Cover Excess %
Type of Cover Insured Value Restrictions
State whether or not a Valuation/Inspection was done at renewal/inception. If yes, by whom?

PARTICULARS OF VEHICLE

Year Make Model/Type Regn. No.
Colour Current Mileage Was there any unrepaired damage prior to the theft?
If so, give details
Were there any modifications? Distinguishing marks
Special fittings and accessories If so, please state Are there any co-owners?
Has the vehicle been recovered? If so, in what condition Where can it be inspected?
Name and Address of any Bank or Company financially interested in the vehicle

PARTICULARS OF USE

State specifically the purpose for which the vehicle was being used at the time of the theft. (Be specific)
Were goods being carried? If so, state the nature of the goods and weight of the load
How many persons including the driver were in the vehicle? Were they charged a fee to be transported?
If the vehicle was driven by a person other than the Insured, with whose permission was it being used?
Was the Insured in the vehicle when the theft occurred?

THE DRIVER/CUSTODEE

Name Mr/Mrs/Miss Date of Birth
Address Phone
Occupation (Specify) Employer/Business
Driver's Licence No. Date Issued Which Tax Office?
Type of Licence: PVT, GEN, GEN to include PPV/Foreign Country Driving Experience
What is the relationship between the Insured and Driver?

THE THEFT

Date of theft Time Place Parish
Was it a hold up?
Would you be able to identify the person or persons If so, please state
Were there any witnesses? If so, please give names
Name of Policeman Number
The Station concerned
Date reported Time

IF CLAIM IS FOR LOSS OF PARTS, TYRES, ETC., please complete the following:-

Table with 5 columns: Description of Items, Price Paid, Where Purchased, Date Purchased, Amount being claimed for

