

Key Insurance Company Limited

REGISTERED OFFICE

Claim No. _____

Motor Accident Report Form 53 KNUTSFORD BOULEVARD, KINGSTON 5, JA., W.I.

INSURED'S NAME & ADDRESS	Name _____ Occupation _____ Nationality _____ Home Address _____ Telephone No _____ Business Address _____ Telephone No. _____ Is there any other policy in force covering this vehicle? _____ If so give details _____ _____ Were you in the vehicle when the accident took place? _____
PARTICULARS OF INSURANCE	Policy No. or Certificate No. _____ Renewal Date _____ Type of Cover _____
PARTICULARS OF VEHICLE	Licence No. _____ Make _____ Year of Make _____ Colour _____ Condition of Tyres _____ Was there any unrepaired damage prior to the accident? _____ If so give details _____ _____ Name and Address of any Bank or Company financially interested in the vehicle _____ _____ Type of Road Licence: i.e. whether Private, Private C.M.C., Public C.M.C., or P.P.V. _____
PARTICULARS OF USE	State fully the purpose for which the vehicle was being used at the time of the accident _____ Were goods being carried? _____ If so state the nature of the goods and the weight of the load _____ How many persons were being conveyed in the vehicle? _____ Were they charged a fee to be conveyed? _____ If the vehicle was driven by a person other than the Insured, by whose authority was it being used? _____ What is the relationship of the driver with the Insured? _____
PARTICULARS OF DAMAGE TO OWN VEHICLE	Was the vehicle damaged? _____ If so, state:- (a) Nature of damage _____ (b) What is the approximate cost of the repairs? \$ _____ (c) Where is the vehicle now? _____ (d) Who are the repairers? _____ _____ (IN ALL CASES WHERE YOUR VEHICLE IS DAMAGED AND YOU ARE ENTITLED TO CLAIM UNDER THE POLICY, PLEASE SEND AT ONCE TO THE COMPANY AN ESTIMATE OF REPAIRS.)
PARTICULARS OF PERSON DRIVING	Driver's Name _____ Occupation _____ Driver's Address _____ No. of Driver's Licence _____ Date Issued _____ At what Tax Office. _____ Type of Licence _____ Classes of vehicles specified in the licence _____ Has it been endorsed? If so, give particulars _____ Date of birth _____ Is he employed by you to drive? If so, how much is he paid? Has he been involved in an accident in the past three years? If so, give details of each accident _____ _____ Does he own a vehicle? _____ If so, where is it insured? _____ _____ What is the type of Cover? _____ Has he ever been refused Insurance or the continuance thereof? _____ Has he any conviction for any offence in connection with any motor vehicle? _____ If so, give details including dates _____ _____ If the person driving is a learner, state:- (a) Who was seated immediately beside him in the front seat? _____ (b) Does that person have a driver's licence? _____

SKETCH & MEASUREMENTS

Please state Measurements in Feet.

Show approximate width of Road.

1 Chain = 66 Yards or 198 Feet.

