



BRANCHES:

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 Half-Way Tree: 73 - 75 Half-Way Tree Road. Kingston 10. Telephone: 876-920-0600, Fax: 876-968-0146
 Mandeville: Shop #3, Manchester Shopping Centre, Telephone: 876-962-3778, Fax: 876-962-1088
 Montego Bay: 7 Market Street, Montego Bay, St. James Telephone: 876-952-1272, Fax: 876-979-0320
 Portmore: Lot1, Seagrape Close, Portmore Town Centre. Portmore, St. Catherine Telephone: 876-704-2862, Fax: 876-939-8446

MOTOR ACCIDENT REPORT FORM

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

INSURED'S NAME & ADDRESS	Name.....Occupation Home AddressTelephone No. Business Address Telephone No. Other Contact Telephone Nos.
PARTICULARS OF INSURANCE	Policy No. or Certificate No. Renewal Date Type of Cover Is there any other policy in force covering this vehicle?
PARTICULARS OF VEHICLE	License No. Make Year of Make Colour Condition of Tyres Was there any unrepaired damage? Name and Address of any Bank or Company financially interested in the vehicleType of Road License: 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 Policyholder? Was the Policyholder in the vehicle when the accident took place?
PARTICULARS OF PERSON DRIVING	Driver's Name Occupation Driver's Address No. of Driver's Licence Date Issued At what Tax Office Type of LicenceClasses of vehicles specified in the licence Has it been endorsed? If so, give particulars Date of birth Is he employed by you? Has he been involved in an accident in the past the 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) Whether that person has a driver's licence
.....
- (c) If so, state:
No. of Driver's Licence
- Date issued At what Tax Office?
.....

- Type of Licence
- Class of vehicles specified in the licence
.....
- Has it been endorsed? If so, give particulars
.....
- (d) State Name & Address of any other person seated in the front seat
.....

Have you suffered from Diabetes, Fits or any Heart complaint or any other physical or mental defect or infirmity?

If so, give full particulars

Has any Insurance Company or Underwriter refused or declined to continue any motor insurance for you?

PARTICULARS OF ACCIDENT

Date of accident

Time A.M.
..... P.M.

Place where accident occurred

.....

Approximate speed of vehicle at time of accidentM.P.H.

What lamps were lit on the vehicle ?

.....

Was the visibility good?

Was the pavement wet?

Was the accident reported to the Police?

If so, state:-

- (a) Whether they attended the scene
- (b) Address of Police Station
- (c) Name and Number of Investigating Officer
- (d) Were you warned for prosecution?
- (e) Was the other Driver warned for prosecution?
.....

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).

