

MOTOR ACCIDENT REPORT FORM

A INSURED

Name _____ Email Address _____
 Occupation _____ Address _____
 Telephone Nos. Work _____ Home _____ Mobile _____

B POLICY INFORMATION - FOR COMPLETION BY WEST INDIES ALLIANCE INSURANCE CO. LTD.

Type of Policy _____ Certificate No. _____
 Policy Original Inception Date _____ Sum Insured _____
 Policy Expiry Date _____ Excess _____

C INSURED'S VEHICLE

Registration Letters & Nos. _____
 Make and type _____ If goods carrying vehicle, State nature of goods carried _____
 Is any finance company interested in the vehicle? _____ Was the vehicle being Used for hire or reward? _____
 If so, give name _____ Repairer's name _____
 And address _____ Address _____
 _____ Telephone No. _____
 State the exact purpose for which the vehicle was being used at the time of accident _____ Where is the Vehicle now? _____
 Where can it be inspected? _____
 Extent of Damage _____

 Estimated cost of repairs _____

D DRIVER OF INSURED'S VEHICLE

Name _____ Give details of any physical Infirmity or disease _____

Address _____

Telephone Nos. Work _____ Are proceedings pending For a motoring offence? _____

Home _____

Mobile _____ Particulars of previous Convictions? _____

Occupation _____

Date of Birth _____

State whether _____

i) owner of vehicle _____

ii) owner's paid driver _____

iii) person driving on insured's order or consent _____

iv) such person owns a car _____

If so, give name of Insurers _____

Has notice of accident been given to them? _____ Date of expiry of conviction _____

Type of licence _____ Licence No. _____

Inception date of licence _____ Relationship to Owner _____

E WITNESSES

Independent

(1) Name _____ Address _____ Tel. _____

(2) Name _____ Address _____ Tel. _____

Passengers

State whether carried in Insured's/T.P.'s Vehicle

(1) Name _____ Address _____ INS/TP _____

(2) Name _____ Address _____ INS/TP _____

(3) Name _____ Address _____ INS/TP _____

(4) Name _____ Address _____ INS/TP _____

F THE ACCIDENT

Date: _____ Time: _____ Location: _____

To which police station was the accident reported? _____
Name and badge no. of Police officer _____

Did the police officer go to the scene? _____ Were measurements taken? _____

Was either party warned for prosecution? (If so, whom) _____

Condition of road? _____ Weather Conditions _____

Type of Surface? _____

What was your speed (a) before accident _____ (b) at the time of the accident _____

Were your lights on? (Dim or bright) _____ Did you give any warning or signal? _____

Who in your opinion is at fault? _____ How was vehicle removed from accident scene _____

G THIRD PARTY (VEHICLES)

Particulars of other vehicle (s) involved in the accident

(1) Name of Owner (s) _____ Driver _____

Address _____ Address _____

Insurer _____ Registration No. _____

Vehicle Type _____

(2) Name of Owner (s) _____ Driver _____

Address _____ Address _____

Insurer _____ Registration No. _____

Vehicle Type _____

INJURIES

In your vehicle

Name _____ Address _____

Nature of injury _____ Where Treated _____

Name _____ Address _____

Nature of injury _____ Where Treated _____

In T.P. Vehicle/pedestrian/cyclist

Name _____ Address _____

Nature of injury _____ Where Treated _____

Name _____ Address _____

Nature of injury _____ Where Treated _____

OTHER PROPERTY DAMAGE

Name of property owner _____ Address _____

Details of Damage _____

I/We hereby declare that the information given on this form is true to the best of my/our knowledge and belief.

Signature of Insured _____

Date _____

Signature of Driver _____

EXPLANATORY SKETCH

(PLEASE COMPLETE STATEMENT ON OVERLEAF)