



Corporate Head Office/New Kingston Branch: 4-6 Trafalgar Road, Kingston 5

Duke Street: 44 Duke Street, Kingston

Mandeville: 30 Mandeville Plaza, Mandeville, Manchester

Montego Bay: 30 Market Street, Montego Bay, St. James

Port Antonio: Shop 5 Goebel Plaza, Port Antonio, Portland

Savanna-la-Mar: Shop 9A Beckford Plaza., Savanna-la-Mar, Westmoreland

Black River: Shop 10 Marketside Plaza, Black River, St. Elizabeth

May Pen: 48 Main Street, May Pen, Clarendon

Ocho Rios: Shop 5, 70 Main Street, Ocho Rios, St. Ann

Portmore: Shop 31 Portmore Plaza, Portmore

MOTOR ACCIDENT REPORT FORM

Policy No. _____

Claim No. _____

Sales Rep/
Broker/Agent _____

SECTION A: INSURED INFORMATION

Insured's Surname _____ First Name _____ M.I. _____

Taxpayer Registration No. _____ Date of Birth (dd/mm/yy) _____ Occupation _____

Home Address: Apt./Street _____ Home Telephone _____

Town/Parish _____ Mobile Telephone _____

Employer _____ How long employed? _____

If Self-employed – Nature of Business _____ Work Telephone _____

Work Address: Street _____ Email _____

Town/Parish _____

SECTION B: DRIVER INFORMATION

Driver's Surname _____ First Name _____ M.I. _____

Taxpayer Registration No. _____ Date of Birth (dd/mm/yy) _____ Occupation _____

Home Address: Apt./Street _____ Home Telephone _____

Town/Parish _____ Mobile Telephone _____

Driver's License No. _____ Orig. Issue Date (dd/mm/yy) _____ Expiry Date (dd/mm/yy) _____

Class of License General Private
 Provisional Rider

If Self-employed – Nature of Business _____

Is Driver employed to you? Yes No If yes, for how long? _____

Has Driver had previous accidents? Yes No If yes, when? _____

Has Driver ever been convicted of a Motor Offence? Yes No If yes, what was the offence? _____

Was the Driver drinking prior to the accident? Yes No Has the Driver ever been refused insurance? Yes No

Does the Driver own a vehicle? Yes No If yes, where is it insured? _____

Relation to Insured? _____

SECTION C: INSURED VEHICLE DETAILS & USE

Vehicle Make (e.g., Honda, Toyota) _____ Model/Type (e.g., Civic, Corolla) _____ Year _____ No. of Seats _____

Registration No. _____ CC Rating _____ PPV License No, if applicable _____ Issue Date (dd/mm/yy) _____ Expiry Date (dd/mm/yy) _____

Is there a Mortgage/Hire Purchase Agreement on the vehicle? Yes No If yes, Mortgagee/Hire Purchase Holder _____

Was the vehicle being used with the Owner's knowledge and consent? Yes No What was the vehicle being used for at time of the accident? _____

Were any trailers attached to the vehicle? Yes No If yes, describe load and weight _____

If the vehicle is a Motor Cycle, was there a Pillion Rider? Yes No How many persons were in the vehicle? _____ Were they paying passengers? Yes No

MOTOR ACCIDENT REPORT FORM

SECTION F: DAMAGE TO INSURED VEHICLE

Describe damage to insured vehicle _____

Was the vehicle towed? Yes No If yes, by whom? _____

Address where vehicle can be inspected: Street _____

Telephone _____

Town/Parish _____

Name of Repairer _____

Telephone _____

Repairer's Address: Street _____

Town/Parish _____

Repair Estimate \$ _____

SECTION G: DETAILS OF OTHER VEHICLE/PROPERTY

Owner's Surname _____ First Name _____ M.I. _____

Owner's Home Address: Apt./Street _____

Taxpayer Registration No. _____

Town/Parish _____

Telephone _____

Driver's Surname _____ First Name _____ M.I. _____

Driver's Home Address: Apt./Street _____

Taxpayer Registration No. _____

Town/Parish _____

Telephone _____

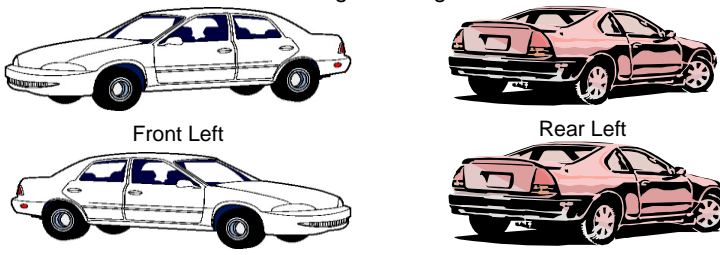
Vehicle Make (e.g., Honda, Toyota) _____ Model/Type (e.g., Civic, Corolla) _____ Colour _____

Registration No. _____ Insurance Company _____

Describe damage to other vehicle _____

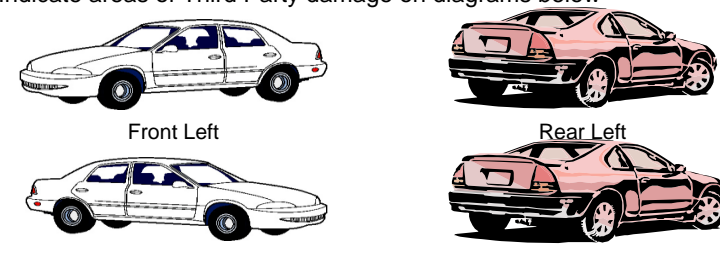
Describe damage to other property _____

Indicate areas of Insured damage on diagrams below



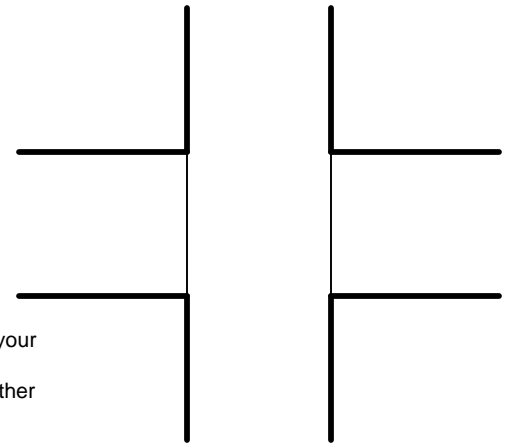
Front Left Rear Left
Front Right Rear Right

Indicate areas of Third Party damage on diagrams below



Front Left Rear Left
Front Right Rear Right

Provide a sketch of the accident scene using the key below:



Key
 INS = Position/direction of your vehicle
 TP = Position/direction of other vehicle/property
 X = Impact point
 W = Position of witness

