



We are so sorry you had an accident. Tell us about it and we will get your life back on track. It is important that this form be properly completed, signed and dated to avoid any delays.

| 1. About you (Policyholder)  |  |            |
|--|--|------------|
| Full Name  | Address  | Occupation |
| Mobile #   | Home #   | Business # |
| Email  | Contact preference Email <input type="checkbox"/> Telephone <input type="checkbox"/> | Policy #   |
| Were you the driver? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, go to section 3. If no, please provide driver's details in section 2.</i> |  |            |

| 2. About your driver |  |                            |
|----------------------|--|----------------------------|
| Full Name            | Address  | Occupation                 |
| Mobile #             | Home #   | Business #                 |
| Email                | Contact preference Email <input type="checkbox"/> Telephone <input type="checkbox"/>   | Date of birth (dd/mm/yyyy) |
| Driver's licence #   | What is the relationship between you and the driver?<br>Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> Other _____ |                            |

| 3. About your vehicle   |      |       |                        |             |
|---|------|-------|------------------------|-------------|
| Year  | Make | Model | Registration Plate No. | Chassis No. |
| Is there a mortgagee/hire purchase agreement in respect of your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>             |      |       |                        |             |
| If yes, please state the Finance Company's name and branch (if applicable):   |      |       |                        |             |
| How many persons were in your vehicle (including driver)?   |      |       |                        |             |
| Was the driver operating the vehicle with your consent? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please explain</i> |      |       |                        |             |



**5. About the damage to your vehicle**

Is there any damage to your vehicle? Yes  No  *If no, please move to section 6.*

Is your vehicle drivable? Yes  No

Describe the damage to your vehicle:

*Please submit damage estimate & photographs if available. You may also circle the area of damage on the last page of this form*

**6. About the other vehicle or property involved in the accident****Motor Vehicle**

| Particulars               | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|---------------------------|-----------|-----------|-----------|
| Full name of owner        |           |           |           |
| Owner's address           |           |           |           |
| Full name of driver       |           |           |           |
| Driver's licence no.      |           |           |           |
| Vehicle registration no.  |           |           |           |
| Make & model of vehicle   |           |           |           |
| Name of insurance company |           |           |           |
| Description of damage     |           |           |           |

**Property (Other than Motor Vehicle)**

| Particulars           | Property 1 | Property 2 | Property 3 |
|-----------------------|------------|------------|------------|
| Owner of property     |            |            |            |
| Location of property  |            |            |            |
| Description of damage |            |            |            |

**7. About injuries in your vehicle**

| Name | Address | Relationship with Insured/Driver | Age | Occupation | Nature of Injury |
|------|---------|----------------------------------|-----|------------|------------------|
|      |         |                                  |     |            |                  |
|      |         |                                  |     |            |                  |
|      |         |                                  |     |            |                  |
|      |         |                                  |     |            |                  |

**8. About injuries in other vehicle/s**

| Name | Address | Nature of Injury |
|------|---------|------------------|
|      |         |                  |
|      |         |                  |
|      |         |                  |
|      |         |                  |

**9. About witness**

Did anyone witness the accident? Yes  No  *If yes, please provide details below:*

| Name | Address | Telephone No./Email Address |
|------|---------|-----------------------------|
|      |         |                             |
|      |         |                             |

**10. Declaration and Signature/s**

I/We hereby declare that to the best of my/our knowledge and belief that the information I/we have provided is correct and request you to deal on my/our behalf with any claims which may arise out of the accident in accordance with the terms and conditions of the Policy.

I/We authorize you and your attorneys-at-law on my behalf to make such admissions and settlements and give such consents as you consider necessary for the disposal of such claims and any litigation arising therefrom.

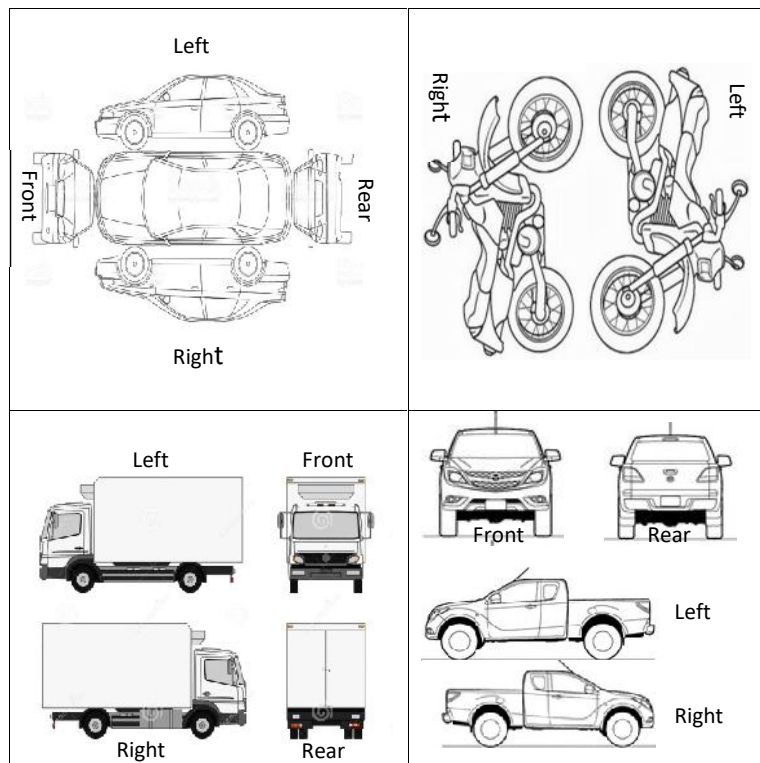
\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DRIVER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF INSURED(S)

**Circle the section of your vehicle that was damaged**



**THANK YOU & NEXT STEPS**

**Please tear off and keep this section for future reference**

1. Thank you for completing this form. You will be contacted within the next 4 working days regarding the status of your claim.
2. Please send this form to your nearest BCIC Branch, Broker or Agent or you may email to [claimsedocs@bcicjamaica.com](mailto:claimsedocs@bcicjamaica.com)
3. If you are claiming for damage to your own vehicle, please submit an estimate as early as possible.
4. On receipt of your estimate, we will send one of our approved motor assessors to view your vehicle, provided that you have cover.
5. If you have Comprehensive or Third Party Fire and Theft cover and intend to claim for damage to your vehicle, an excess (or deductible) will be applicable. This is an amount you pay out of pocket towards the damage.
6. If you receive any letter, claim, writ, summons or other document in relation to an accident, you must send it immediately to your nearest BCIC Branch, Broker or Agent. Do not respond or reply to any such document.
7. If you have any questions or need to update any information regarding your claim, please contact us at [claimsedocs@bcicjamaica.com](mailto:claimsedocs@bcicjamaica.com) or (876) 922-1260 or you may reach out to your Broker or Agent.

We're here for you!

**Our Motto: We focus on the *CUSTOMER*, not the claim**



