INSURANCE COMPANY JAMAICA LIMITED

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MOTOR ACCIDENT REPORT FORM

PRINT CLEARLY AND ANSWER ALL QUESTIONS

INSURED'S NAME AND ADDRESS

Name	gff	Occupation	
Home Address		Telephone No.	
Business Address		Telephone No.	
Business Fax		E-mail Address	

PARTICULARS OF INSURANCE

Policy No. or Certificate No.		Renewal Date	
Type of Cover		Sum Insured	
Condition of Tyres		was there any un-repaired damage?	
Name & Address of any Bank or Company with financial interest in the vehicle			
Type of Road Licence: ie whether Private; Private CMC; Public CMC; PPV			

PARTICULARS OF VEHICLE & USE

Licence Plate No.		Make & Model			
Year of Make		Colour			
State fully the purpose for which the vehicle was being used at the time of the accident					
Were goods being carried? ☐ Yes	☐ No	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? ☐ Yes	☐ No		
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 to the Policyholder?					
Was the Policyholder in the vehicle when the accident took place? ☐ Yes	☐ No				

PARTICULARS OF PERSON DRIVING

Driver's Name		Occupation			
Driver's Address		Telephone No.			
Driver's Licence No.		Original Date Licence Issued		At Which Tax Office	
Type of Licence		Classes of vehicles specified on the licence			
Have you ever been convicted of any motor vehicle offence? ☐ Yes	☐ No	If so, please give details			
Date of birth		Is the driver employed by the Insured? ☐ Yes	☐ No	If yes, for how long?	
Has the driver been involved in any accident(s) in the past three years? ☐ Yes	☐ No	If so, give details of each accident			
Do you think you were at fault in this accident? ☐ Yes	☐ No	Were you wearing your seatbelt? ☐ Yes	☐ No		
Have you suffered from Diabetes, Fits or any Heart complaint or any other physical or mental defect or infirmity? ☐ Yes	☐ No				
If so, give full details					
Has any Insurance Company or Underwriter refused or declined to continue any motor insurance for you? ☐ Yes	☐ No				

PARTICULARS OF ACCIDENT

Date of accident			Was the accident reported to the Police?	☐ Yes	☐ No
Time accident occurred			If so, state: Whether they attended the scene	☐ Yes	☐ No
Place where accident occured			Address of Police Station		
			Name of Investigating Officer		
What was the weather condition like?			Were you warned for proseuction?	☐ Yes	☐ No
Was visibility good?		☐ Yes ☐ No			
Was the pavement wet?		☐ Yes ☐ No	Was the other driver warned for prosecution?	☐ Yes	☐ No
Approximate speed of vehicle at time of accident		mph			
What lamps were lit on the vehicle?					

PARTICULARS OF DAMAGE TO OWN VEHICLE

Was the vehicle damaged?	☐ Yes ☐ No	Did a wrecker move the vehicle?	☐ Yes ☐ No
If so, state:- Nature of damage		Where is the vehicle now?	
		Who are the repairers?	
What is the approximate cost of the repairs? J$			

(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 PASSENGERS IN INSURED'S VEHICLE

Name	Address	Occupation	Relationship to the Insured	Nature of Injury, if any, & hospital attended

PARTICULARS OF THIRD PARTIES

If any pedestrian, cyclist or property/building involved, state:

Name and address of pedestrian or cyclist	
If property/building involved, state location of property/building	
Nature of injury to pedestrian or cyclist, if any	
Damage to motorcycle	
Damage to property/building	

If **other** vehicle(s) involved, state-

a) Registration No of **Vehicle 1**		Type of vehicle	
Owner's name and address			
Driver's name and address			
Insurance Company		Nature of damage	
		Approximate cost of repairs $J	
How many passengers were in the vehicle		Were the persons in the vehicle injured?	
Was there any unrepaired damage to the vehicle?			

a) Registration No of **Vehicle 2**		Type of vehicle	
Owner's name and address			
Driver's name and address			
Insurance Company		Nature of damage	
		Approximate cost of repairs J$	
How many passengers were in the vehicle		Were the persons in the vehicle injured?	
Was there any unrepaired damage to the vehicle?			

Give names and addresses of persons (*other than passengers)* who **witnessed** the accident:

NAME & ADDRESS OF WITNESSES, STATE WHERE THEY WERE WHEN THE ACCIDENT OCCURRED	

DID THE DRIVER OR THE OWNER SIGN A WRITTEN ADMISSION OF LIABILITY?	☐ YES	☐ NO

IF SO, PLEASE ATTACH SAME

STATE FULLY WHAT HAPPENED AND SHOW BY SKETCH BELOW
POSITIONS OF VEHICLES AT TIME OF ACCIDENT
STATEMENT TO BE COMPLETED BY DRIVER ONLY

CLAIMS: Has any claim been made upon you?	☐ YES	☐ NO	If yes, give details	

(Any communications that you received shold not be answered but sent to the Company immediately)

I DECLARE that these particulars are true and complete.

Signature of Insured _____ Date _____

Signature of Driver _____ Date _____

PLEASE DRAW A SKETCH IN THE BOX BELOW OF THE POST COLLISION POSITION OF THE VEHICLES

Print Form

Revised: July 7, 2010