



**Kingston**  
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 website: myguardiangroup.com

**Montego Bay**  
 Shop # 4, Fairview Office Park  
 P.O. Box 170, Montego Bay, Jamaica, W.I.  
 T: 876-935-6661 f: 876-929-5226



**ACCIDENT INFORMATION FORM**

Please keep this in your motor vehicle

**A. IN CASE OF ACCIDENT HERE ARE SOME BASIC RULES TO BE FOLLOWED**

1. Report accident to the police within 24 hours. If theft occurs, report incident to the police immediately.
2. If your vehicle is disabled as a result of an accident and your insurance cover is 'comprehensive', arrange for its removal to a safe place, or, if not possible, its protection. You can call MOTOR ASSIST at 1-888-937-3228 or 815-SAFE (7233)
3. If your vehicle is disabled as a result of an accident and your cover is 'third party' call MOTOR ASSIST at 1-888-937-3228 or 815-SAFE (7233)
4. Do not sign an admission of liability
5. Advise Guardian General Jamaica of the accident within 30 days; and submit driver's licence or the license of the driver at the time of the accident along with the certificate of fitness and registration and complete a claim form.

**B. OTHER PERSON INVOLVED**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (Home) \_\_\_\_\_

Address (Work) \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Date of Loss \_\_\_\_\_

Car License # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Insurance Company \_\_\_\_\_

**C. WITNESS(ES)**

Name \_\_\_\_\_

Address (Home) \_\_\_\_\_ Telephone # \_\_\_\_\_

Address (Work) \_\_\_\_\_ Telephone# \_\_\_\_\_

Name \_\_\_\_\_

Address (Home) \_\_\_\_\_ Telephone # \_\_\_\_\_

Address (Work) \_\_\_\_\_ Telephone# \_\_\_\_\_

**D. NAME OF INVESTIGATING OFFICER \_\_\_\_\_**

Station \_\_\_\_\_

**E. REPORT AT \_\_\_\_\_ STATION**

To \_\_\_\_\_ Date \_\_\_\_\_

**GIVE THIS PORTION WITH YOUR PARTICULARS TO OTHER PERSON INVOLVED**

Name \_\_\_\_\_ Insurance co. \_\_\_\_\_

Tel. # (home) \_\_\_\_\_ Insurance Brokers \_\_\_\_\_

Tel. # (work) \_\_\_\_\_

Car License # \_\_\_\_\_

Driver's License # \_\_\_\_\_