



BRITISH CARIBBEAN INSURANCE COMPANY LTD.

36 Duke Street, Kingston, Jamaica, W.I.

Motor Accident Report Form

Claim Ref.....

Please answer ALL Questions fully to avoid unnecessary correspondence and consequent delay in settlement of claim.

INSURED

Name.....
Private Address..... Tel. No.....
Business Address..... Tel. No.....
Occupation..... Policy #.....
TRN No. if any..... Status.....

VEHICLE

Year..... Make..... Model..... Body Type.....
Licence No..... Chassis No..... Engine #.....
Is there a mortgage/Hire Purchase Agreement in respect of the vehicle.....
Name and Address of Finance Company.....
What type of road licence?.....

PLEASE PRESENT CERTIFICATE OF REGISTRATION AND CERTIFICATE OF FITNESS FOR INSPECTION

USE OF VEHICLE

For what purpose was the vehicle being used at the time of the accident.....
Was driver acting within scope of his authority and with your knowledge and consent.....
How many persons were being carried in the vehicle?.....
Were they charged a fee to be conveyed?.....
Were goods being carried?..... Type of goods.....

DAMAGE TO INSURED'S VEHICLE

Nature of damage.....
Estimated cost of repairs..... Is vehicle at repairer's garage?.....
Where can the vehicle be inspected.....
Was a wrecker used?.....

Name of Repairer.....
Address..... Telephone.....

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 FROM A REPAIRER OF CHOICE.

DRIVER

Name.....
Address..... Tel. No.....
Occupation..... Date of Birth.....
Driver's Licence No..... Date issued & Expiry.....
Type of Licence..... Classes of vehicle specified.....
Date of First Full Licence.....
Endorsement if any.....
Is Driver employed by you.....
If 'No' what is the relationship?.....
Does he own a Motor Vehicle?.....
If 'Yes', is it insured in 'His' Name?.....
If so, give name of company and Policy No.....

**DRIVER  
(CONTINUED)**

Has he/she ever been prosecuted for any driving offence?.....  
 If 'yes' give details whether convicted or not.....  
 .....  
 Has he been involved in any accidents previously.....  
 Give details.....  
 .....  
 If person is a learner driver, state.....  
 Who was seated immediately beside him in the front seat?.....  
 Does that person have a driver's licence?.....  
 If 'yes', state the No. of the driver's licence.....  
 Date of issue & expiry..... Type of licence.....  
 Class of vehicles specified in the licence.....  
 Has It been endorsed?..... If 'Yes' give particulars.....  
 .....  
 Have restrictions been imposed on Driver by insurers before?.....  
**PLEASE PRESENT DRIVER'S LICENCE FOR INSPECTION. IN THE CASE OF LEARNER DRIVER'S, THE DRIVER'S LICENCE OF THE PERSON SEATED BESIDE YOU MUST ALSO BE PRESENTED.**

**THE  
ACCIDENT**

Date of Accident..... Time..... am pm Place.....  
 In what direction was your vehicle heading.....  
 In what direction was the other vehicle heading.....  
 Approximate speed of your vehicle at time of accident.....  
 Approximate speed of other vehicle at time of accident.....  
 Legal speed limit at accident scene?.....  
 Was accident reported to the police.....  
 Address of Police Station.....  
 Name and Number of Police Officer who took particulars.....  
 Was any driver warned for prosecution?.....  
 If accident happened after dark:-  
 (i) were your lights bright or dipped.....  
 (ii) were other vehicles lights bright or dipped.....  
 State details of weather conditions and visibility.....  
 State condition of road..... Kind of surface.....  
 Who in your opinion is at fault and why?.....  
 .....

**WITNESSES**

	Names	Addresses	Telephone No.
Passengers.....			
.....			
.....			
Independent.....			
Witnesses.....			
.....			
.....			

**THIRD  
PARTY'S  
VEHICLE**

OWNER'S NAME & ADDRESS.....  
 Driver's Name & Address.....  
 Make of Vehicle..... Licence #.....  
 Type of Vehicle..... Insurance Co.....  
 Nature of damage.....

**OTHER  
PROPERTY  
DAMAGE**

Was any building, wall, fence, utility pole or other property damaged.....

What was the extent of such damage?.....

Who is the owner?.....

**INJURIES**

Name and Addresses  
of Injured persons

Relationship With  
Insured/driver

Age

Occupation

Nature of Injury

Person in your vehicle

**INJURIES**

Name and Addresses  
of Injured persons

Nature of Injury

Person in your vehicle(s)

**STATE FULLY HOW ACCIDENT HAPPENED (TO BE COMPLETED AND SIGNED BY DRIVER).**

**DRIVER'S  
STATEMENT**

I/We hereby declare to the best of our knowledge and belief that these particulars are correct in all respects, 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 authorise you and your Solicitors on my/our 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.

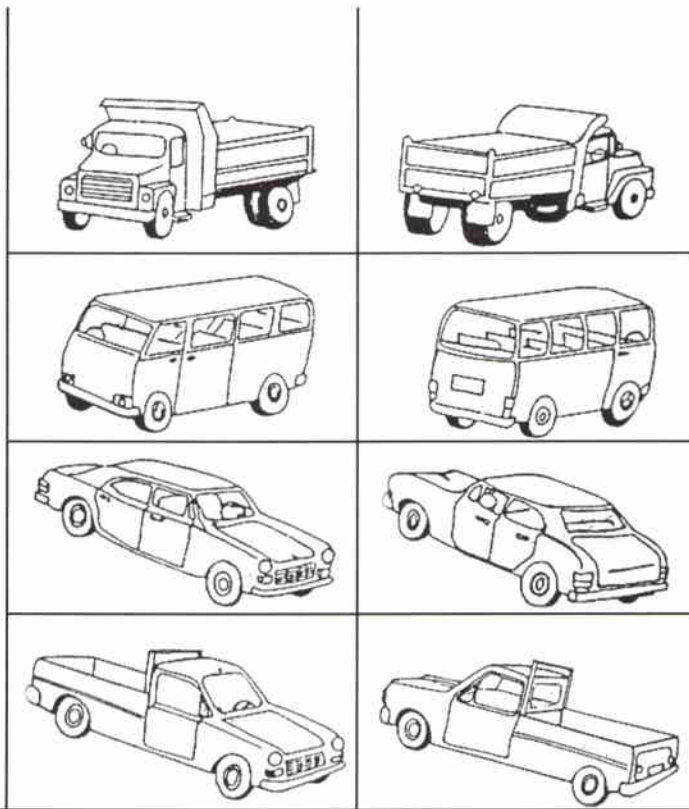
DATE

SIGNATURE OF DRIVER

DATE

SIGNATURE OF INSURED

PLEASE INDICATE AREA OF  
DAMAGE IF ANY AND  
COMMENT FULLY BELOW



PLEASE INDICATE POSITION OF VEHICLES AT POINT OF IMPACT ON DIAGRAM. (SHOW OBSTACLES THAT CONTRIBUTED TO THE ACCIDENT)

