



tomorrow. secured.

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MOTOR CLAIM FORM

Agency

Dear Sir,

Claim No. _____

With reference to your advice of a recent accident will you please complete this form and return it to us by FAX or POST as soon as possible.

If the policy covers the cost of repairs to the insured vehicle you should send us a detailed estimate without delay.

We would remind you that any communication from any other party involved in the accident should be forwarded to us immediately without acknowledgment.

Particulars of Accident

Insured

Policy or Insurance Certificate No. _____

Occupation _____

Name _____

Address _____

Telephone No. _____

Insured's vehicle

Make and type _____ Regn. letters and No. _____

For what purpose was vehicle being used at the time of the accident?
e.g. pleasure, commercial travelling, delivery of goods, tuition _____

Was it being used on the Insured's order or with his permission? _____

Was it being used for hire or reward or was any charge whatsoever made for its use? _____

If a goods carrying vehicle, what was the weight of the load being carried? _____

If a motorcycle was a sidecar attached? _____

What is the nature of the damage? _____

Name and address of the Garage where it is desired to have repairs effected _____

Telephone No. _____

Have any instructions been given with regard to repairs? _____

Where can the vehicle be inspected? _____

Is any finance company interested in the vehicle? _____

If so, give name and address _____

Estimated cost of repairs _____

Driver of Insured's vehicle

Name _____

Address _____

Occupation _____

Date of birth _____

Licence No. _____

Full or provisional (learner's) licence? _____

If full

a) has driver passed the Statutory Driving Test? _____

b) date of passing test _____

Does driver suffer from any physical infirmity or disease? _____

If so, give details _____

State whether
i) owner of vehicle _____

ii) owner's paid driver _____ Length of service _____

iii) person driving on the Insured's order or with his permission _____

iv) such person owns a car _____

If so, give name of his Insurers _____

Has notice of the accident been given to them? _____

Has driver ever been prosecuted or are proceedings pending for any motoring offence? _____

If so, state particulars and any convictions recorded together with details of any endorsement or suspension of licence _____

Has the driver previously been involved in any accident? _____

If so, give particulars _____

Details of accident

Date _____	Time _____ a.m./p.m.	What signal if any was given by a) driver of Insured's vehicle? _____
Place _____		b) other party? _____
Which vehicle was on the Major road? _____		What was a) speed limit in operation? _____
State a) width of road _____		b) speed of Insured's vehicle? _____
b) distance of Insured's vehicle from nearside edge _____		State weather conditions e.g. fine, wet, misty, etc. _____
If accident at road junction state whether X roads, T junction or Y fork _____		Is road straight? _____ If so, for what distance? _____
If after lighting-up time state type of street lighting _____		What road signs were at scene of accident e.g. Halt, Slow etc? _____
What lights were in use on a) Insured's vehicle? _____		Was horn sounded by a) driver of Insured's vehicle? _____ b) other party? _____
b) other vehicle? _____		If pedestrian injured, state Whether on pedestrian crossing _____

Describe how accident occurred:

Explanatory sketch
(If possible give measurements, and show direction and final position of vehicle.)

Witnesses

Were particulars of the accident taken by a policeman? _____

Independent witnesses _____

If so, state policeman's number _____

Was the policeman a witness of the accident? _____

Give names and addresses of all witnesses of the accident

Were any statements as to blame made at the time of the accident? _____

Persons in Insured's vehicle _____

If so, give details _____

Persons in any other vehicle involved in the accident _____

Other parties involved

Names and addresses of owners of other vehicles involved	Regn. letters No. and make of vehicle	Brief details of damage	Name of Insurers
a)			
b)			
c)			
Names and addresses of all injured parties	If a passenger, state In which vehicle	Nature of injury	
Names and addresses of owners of other property damaged	Brief details of damage		

Any additional information

I/We hereby declare that the information given on this form is true to the best of my/our knowledge and belief.

Signature

Date