

Corporate Head Office/New Kingston Branch: 4-6 Trafalgar Road, Kingston 5 Black River: Shop 10 Marketside Plaza, Black River, St. Elizabeth

Duke Street: 44 Duke Street, Kingston

Mandeville: 30 Mandeville Plaza, Mandeville, Manchester

May Pen: 48 Main Street, May Pen, Clarendon Montego Bay: 30 Market Street, Montego Bay, St. James Ocho Rios: Shop 5, 70 Main Street, Ocho Rios, St. Ann

Port Antonio: Shop 5 Goebel Plaza, Port Antonio, Portland Portmore: Shop 31 Portmore Plaza, Portmore

Savanna-la-Mar: Shop 9A Beckford Plaza., Savanna-la-Mar, Westmoreland

| <b>MOTOR ACCIDENT R</b>  | EPORT         | <b>FORM</b>         | Policy No.                                      | Claim No.  |
|--|---------------|---------------------|---|--|
| Sales Rep/ Broker/Agent  |               |                     |   |  |
| SECTION A: INSURED INFORMATION                                     |               |                     |   |  |
| Jagurad's Curpama  |               |                     | irot Nomo                                       |  |
| Insured's Surname  |               | r i                 | irst Name                                       | M.i.   |
| Taxpayer Registration No.  | Date of Birth | (dd/mm/yy)          | Occupation                                      |  |
|  |               |                     |   |  |
| Home Address: Apt./Street  | 1 1 1         | 1 1 1               |   | Home Telephone                                       |
| Town/Parish  |               |                     |   | Mobile Telephone                                     |
|  |               |                     |   |  |
| Employer   |               |                     |   | How long employed?                                   |
|  |               |                     |   |  |
| If Self-employed – Nature of Business                              |               | 1 1 1               |   | Work Telephone                                       |
| Work Address: Street   |               |                     |   | Email  |
|  |               |                     |   |  |
| Town/Parish  |               |                     |   |  |
| SECTION B: DRIVER INFORMATIO                                       | )N<br>        | 1 1 1               |   |  |
| Driver's Surname   |               |                     | irst Name                                       | M.I.   |
|  |               |                     |   | <br>   |
| Taxpayer Registration No.  | Date of Birth | (dd/mm/yy)          | Occupation                                      |  |
|  |               |                     | If Self-employed – Nature of Busin              | ess<br>  |
| Home Address: Apt./Street  |               |                     |   | Home Telephone                                       |
|  |               |                     |   |  |
| Town/Parish  | 1 .           |                     | 1 1   | Mobile Telephone                                     |
| Driver's License No.   | Orig. Issue D | ate (dd/mm/yy)      | Expiry Date (dd/mm/yy)                          | Class of General Private  Class of Provisional Rider |
| Is Driver employed to you?  Yes No If yes, for how long?           |               |                     |   |  |
| Has Driver had previous accidents?  Yes No If yes, when?           |               |                     |   |  |
| Has Driver ever been convicted of a Motor Offence?                 | Yes           | No If yes,          | what was the offence?                           |  |
| Was the Driver drinking prior to the accident?                     | Yes           | No Has th           | e Driver ever been refused insurance?           | Yes No   |
| Does the Driver own a vehicle?                                     | Yes           | No If yes,          | where is it insured?                            |  |
| Relation to Insured?   |               |                     |   |  |
| SECTION C: INSURED VEHICLE D                                       | ETAILS & US   | SE                  |   |  |
| Vehicle Make (e.g., Honda, Toyota)                                 |               | Model/Type (e.g., 0 | Sivic Corolla)                                  | No. of Seats   |
|  |               |                     |   |  |
| Registration No.   |               | PPV License No, if  | applicable Issue Date (dd/mn                    | n/yy) Expiry Date (dd/mm/yy)                         |
| Is there a Mortgage/Hire Purchase Agreement on the vehicle?        | Yes           |                     | Mortgagee/Hire<br>ase Holder                    | 17 (   |
| Was the vehicle being used with the Owner's knowledge and consent? | Yes           | No What v           | was the vehicle being used ime of the accident? |  |
| Were any trailers attached to the vehicle?                         | Yes           | 1                   | describe load and weight                        |  |
| If the vehicle is a Motor Cycle, was there a Pillion Rider?        | Yes           | No How m            | nany persons                                    | Were they paying Yes No passengers?                  |

## MOTOR ACCIDENT REPORT FORM **SECTION D: ACCIDENT DETAILS** Who do you believe Is at fault? Time of Accident Accident Date (dd/mm/yy) Location of Accident/Cross Streets Yes Did the Police take particulars? If yes, Police Station Police Name Were you warned or prosecuted? Did the other Driver/Third Party make any statements about Did the other Driver/Third Party say that they would be Did the other Driver/Third Party appear to be Yes making a claim? under the influence of alcohol? Condition of road Kind of Surface Weather YOUR VEHICLE OTHER VEHICLE/THIRD PARTY Direction of travel On which side of the road? Speed before accident? Speed at the time of the accident? Lights on or off, dim or bright? Was horn sounded? SECTION E: PASSENGERS & OTHER WITNESSES (indicate which ONE applies) Passenger Other Witness Surname First Name Home Address: Apt./Street Taxpayer Registration No. Town/Parish Telephone Passenger Other Witness Surname First Name Home Address: Apt./Street Taxpayer Registration No. Town/Parish Telephone Passenger Other Witness Surname First Name Home Address: Apt./Street Taxpayer Registration No. Town/Parish Telephone Passenger Other Witness Surname First Name Taxpayer Registration No. Home Address: Apt./Street Town/Parish Telephone Passenger Other Witness Surname First Name

Taxpayer Registration No.

Telephone

Town/Parish

Home Address: Apt./Street

## **MOTOR ACCIDENT REPORT FORM**



|  | SECTION F: DAMAGE TO INSUR           | RED VEHICLE   |  |  |  |
|--|--------------------------------------|---|--|--|--|
| Advantage<br>General                   | Describe damage to insured vehicle _ |   |  |  |  |
| General                                |                                      |   |  |  |  |
| INSURANCE COMPANY Limited              |                                      |   |  |  |  |
| Was the vehicle towed?                 | Yes No If yes, by whom?              |   |  |  |  |
|  |                                      |   |  |  |  |
| Address where vehicle can be inspected | ed: Street                           | Telephone   |  |  |  |
|  |                                      |   |  |  |  |
| Town/Parish                            |                                      |   |  |  |  |
|  |                                      |   |  |  |  |
| Name of Repairer                       |                                      | Telephone   |  |  |  |
|  |                                      |   |  |  |  |
| Repairer's Address: Street             |                                      |   |  |  |  |
| Town/Parish                            |                                      | Repair Estimate \$  |  |  |  |
|  |                                      |   |  |  |  |
| SECTION G: DETAILS OF                  | OTHER VEHICLE/PROPERTY               |   |  |  |  |
|  |                                      |   |  |  |  |
| Owner's Surname                        | Fi                                   | rst Name M.I.   |  |  |  |
|  |                                      |   |  |  |  |
| Owner's Home Address: Apt./Street      |                                      | Taxpayer Registration No.                                   |  |  |  |
|  |                                      |   |  |  |  |
| Town/Parish                            |                                      | Telephone   |  |  |  |
| Driver's Surname                       |                                      | rst Name M.I.   |  |  |  |
|  |                                      |   |  |  |  |
| Driver's Home Address: Apt./Street     |                                      | Taxpayer Registration No.                                   |  |  |  |
|  |                                      |   |  |  |  |
| Town/Parish                            |                                      | Telephone   |  |  |  |
|  |                                      |   |  |  |  |
| Vehicle Make (e.g., Honda, Toyota)     | Model/Type (e.g., C                  | ivic, Corolla) Colour                                       |  |  |  |
|  |                                      |   |  |  |  |
| Registration No.                       | Insurance Company                    |   |  |  |  |
| Describe damage to other vehicle       |                                      |   |  |  |  |
| 2500126 dailidge to early formula      |                                      |   |  |  |  |
|  |                                      |   |  |  |  |
| Describe damage to other propert       |                                      |   |  |  |  |
| Indicate areas of Insured dan          | nage on diagrams below               |   |  |  |  |
|  |                                      | Provide a sketch of the accident scene using the key below: |  |  |  |
|  |                                      |   |  |  |  |
| Front Left                             | Rear Left                            |   |  |  |  |
|  |                                      |   |  |  |  |
|  |                                      |   |  |  |  |
|  |                                      |   |  |  |  |
| Front Right                            | Rear Right                           |   |  |  |  |
| Indicate areas of Third Party of       | damage on diagrams below             |   |  |  |  |
|  |                                      | Kov   |  |  |  |
|  |                                      | Key INS = Position/direction of your                        |  |  |  |
| Front Left                             | Rear Left                            | vehicle TP = Position/direction of other                    |  |  |  |
| Tronceon .                             |                                      | vehicle/property  |  |  |  |
|  |                                      | X = Impact point<br>W = Position of witness                 |  |  |  |
|  |                                      | VV — I OSIGOTI OF WILLIESS                                  |  |  |  |
| Front Right                            | Rear Right                           |   |  |  |  |



## MOTOR ACCIDENT REPORT FORM

SECTION H: INJURIES (to Third Party/Passengers/Pedestrians/Cyclists) Were any of the following injured? Passenger in your vehicle Pedestrian Driver/Passenger in other vehicle Cyclist Name Address Nature of Injury Hospital **STATEMENT** State fully the particulars of circumstances leading to the accident and what happened afterwards. NOTE: Any letter, claim form, summons or court documents received personally or left at your residence or place of work, or contact by any Attorney or Agent/Consultant acting on behalf of any injured third party, must be notified or forwarded to Advantage General Insurance Company Limited immediately on receipt without any admission of liability by you. I/We hereby declare that the foregoing particulars given by me/us have been read over and found to be true and correct in every respect. I/We agree that if I/We have made, or in any further declaration that Advantage General insurance Company Limited requires in respect of the said accident, shall make any false or fraudulent statement whether innocent or intentional or commit any act of suppression or concealment, the Policy shall be void and all rights to recover thereunder in respect of past or future accidents, shall be forfeited. Date Insured's Signature Date Driver's Signature Witness' Name Witness' Signature