



**THE INSURANCE COMPANY OF THE WEST INDIES LIMITED**

2 St. Lucia Avenue, Kingston 5, Tel: 926-9040-7, 926-9182-91, Fax; 929-6641

**MOTOR THEFT CLAIM FORM**

**THE INSURED**

Name..... Mr/Mrs/Miss: Date of Birth: .....

Address ..... Phone: .....

Business/Profession: ..... Employer .....

Business Name and Address: ..... Phone .....

**THE POLICY**

Type of Policy ..... Policy No. .... Period of Cover ..... Excess % .....

Type of Cover ..... Insured Value ..... Restrictions .....

State whether or not a Valuation/Inspection was done at renewal/inception. If yes, by whom? .....

**PARTICULARS OF VEHICLE**

Year ..... Make ..... Model/Type ..... Regn. No. ....

Colour ..... Current Mileage ..... Was there any unrepaired damage prior to the theft? .....

If so, give details .....

Were there any modifications? ..... Distinguishing marks .....

Special fittings and accessories ..... If so, please state ..... Are there any co-owners? .....

Has the vehicle been recovered? ..... If so, in what condition ..... Where can it be inspected? .....

Name and Address of any Bank or Company financially interested in the vehicle .....

**PARTICULARS OF USE**

State specifically the purpose for which the vehicle was being used at the time of the theft. (Be specific) .....

Were goods being carried? ..... If so, state the nature of the goods and weight of the load .....

How many persons including the driver were in the vehicle? ..... Were they charged a fee to be transported? .....

If the vehicle was driven by a person other than the Insured, with whose permission was it being used? .....

Was the Insured in the vehicle when the theft occurred? .....

**THE DRIVER/CUSTODEE**

Name ..... Mr/Mrs/Miss Date of Birth .....

Address .....Phone .....

Occupation (Specify) ..... Employer/Business .....

Driver's Licence No. .... Date Issued ..... Which Tax Office? .....

Type of Licence: PVT, GEN, GEN to include PPV/Foreign Country ..... Driving Experience .....

What is the relationship between the Insured and Driver? .....

**THE THEFT**

Date of theft ..... Time ..... Place .....Parish .....

Was it a hold up? .....

Would you be able to identify the person or persons ..... If so, please state .....

Were there any witnesses? ..... If so, please give names .....

Name of Policeman ..... Number .....

The Station concerned .....

Date reported ..... Time .....

**IF CLAIM IS FOR LOSS OF PARTS, TYRES, ETC., please complete the following:-**

Description of Items	Price Paid	Where Purchased	Date Purchased	Amount being claimed for

**STATEMENT**

Lined area for writing the statement.

**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, and I/we agree that if I/we have made, or in any further declaration the Company may require in respect of the said theft shall make, any false or fraudulent statement, or if found guilty of any 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: \_\_\_\_\_

Witness: \_\_\_\_\_ (please print name)                      \_\_\_\_\_ (signature)                      Driver's Signature: \_\_\_\_\_