



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

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

**WINDSCREEN DAMAGE CLAIM FORM**

**THE INSURED**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business/Profession: \_\_\_\_\_  
Business Name and Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**THE POLICY**

Policy No: \_\_\_\_\_ Due Date: \_\_\_\_\_ Last Premium Paid: \_\_\_\_\_  
Type of Cover: \_\_\_\_\_ Insured Value: \_\_\_\_\_

**PARTICULARS OF VEHICLE**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model/Type \_\_\_\_\_ Regn. No: \_\_\_\_\_  
Licence No: \_\_\_\_\_ Cubic Capacity/Horse Power \_\_\_\_\_ Seating Capacity: \_\_\_\_\_  
For what purpose was the vehicle being used at the time of the loss/damage? \_\_\_\_\_  
Was the vehicle being used with the Owner's knowledge and consent? \_\_\_\_\_  
How many persons were being carried in the vehicle? \_\_\_\_\_ Fare Paying: \_\_\_\_\_  
Were any trailers attached to the vehicle? If so, give description and weight of load: \_\_\_\_\_

**THE DRIVER**

**CUSTODEE**

**TICK APPROPRIATE BOX**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Is driver in your service? \_\_\_\_\_ If so, how long? \_\_\_\_\_  
Relationship between Insured and Driver: \_\_\_\_\_  
Licence No: \_\_\_\_\_ (to be presented with this Report form) Date of Issue \_\_\_\_\_  
Type of Licence \_\_\_\_\_ Driving Experience \_\_\_\_\_ Previous Accidents \_\_\_\_\_

**THE LOSS/DAMAGE**

Date of accident: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
Who in your opinion was to blame? \_\_\_\_\_  
Did the Police investigate or take particulars? \_\_\_\_\_ If so, please state:- Name of Policeman: \_\_\_\_\_  
Number \_\_\_\_\_ The Station concerned: \_\_\_\_\_ Were you warned for prosecution? \_\_\_\_\_

**THE THIRD PARTY**

Owner's Name: \_\_\_\_\_ Driver's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_ Driver's Address: \_\_\_\_\_  
Licence No: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_  
Type of Vehicle: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

**THE WITNESSES**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**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 require in respect of the said accident, shall make any false or fraudulent statement, or 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: \_\_\_\_\_

Damage Inspected By \_\_\_\_\_ (please print name) \_\_\_\_\_ (signature)

Chassis # \_\_\_\_\_ Checked: Yes  No