

KEY INSURANCE COMPANY LIMITED

6C Half Way Tree Road, Kingston 5, Jamaica WI Telephone: 876-926-6278, 876-929-7940-3

Web: www.keyinsurancejm.com | Email: info@keyinsuranceja.com

MOTOR THEFT CLAIM FORM

PARTICULARS OF THE INSURED

Name:		Alias:			
Home Address:					
Occupation:		Employer/Business Name:			
Employer/Business Address:					
Contact Numbers:		Email Address:			
PARTICULARS OF THE VEHICLE					
Policy Number: Registration Number		er: Year:			
Make: Model/Type:		Colour:			
Name and Address of any Bank or Company with a financial interest in the vehicle:					
		T			
Was there any un-repaired damage prior to the theft? Yes \square No \square		If yes, give details:			
Were there any distinguishing marks? Yes ☐ No ☐		If yes, give details:			
Were there any modifications? Yes □ No □		If yes, give details:			
Were there any special fittings and accessories? Yes \(\square\) No \(\square\)		If yes, give details:			
Are there any co-owners? Yes □ No □		If yes, list names:			
Has the vehicle been recovered? Yes □ No □		If so, in what condition:			
Where can it be inspected:		Name and Address of any Bank or Company with a financial			
interest in the vehicle:					
PARTICULARS OF USE					
State fully the purpose for which the vehicle was being used at the time of the theft:					
Were goods being carried: Yes □ No □ If yes, state the nature: and weight (lb):					
How many persons including the driver were in the vehicle? Were they charged a fee to be transported? Yes □ No					
Was the vehicle driven by a person other th	nan the insured? Yes	☐ No ☐ If yes, by	whose autho	ority?	
Details:					
PARTICULARS OF THE DRIVER					
Driver's Name:	Date of Birth:				
Driver's Address:					
Occupation/Business:	Employer:				
Employer/Business Address:					
Contact Numbers Cell:		Home:		Business:	
Driver's License #: Date Issued:		Collectorate:			
Type of License:		Classes of vehicles specified in license:			
Has it been endorsed? Yes □ No □		If yes, give details:			
What is the relationship between the insured and the driver:					
How many accidents in the past three (3) years:					
PARTICULARS OF THEFT	<u> </u>			<u></u>	
Date of theft: Time:		Place:		Parish:	
		If yes, state name of the policeman:			
Badge #:	tion: Date reported:				
Time Reported: AM □ PM □		Were there any independent witnesses? Yes \square No \square			
Witness #1 Name:		Witness #1 Contact #:			
Witness #2 Name:		Witness #2 Contact #:			
Was it a hold up? Yes □ No □		If yes, please provide details in statement.			
Were there any independent witnesses? Yes □ No □		If yes, give information below:			



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STATEMENT:					
1/Ma hayahu dadaya that the fa	vacaina nauticulaus sivan hv ma /va	have been used even and found to be two and sourcet in even.			
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					
		eclaration the Company may require in respect of the said			
theft shall make, any false or fraudulent statement, or if found guilty or any suppression or concealment, the policy shall be void					
	der in respect of past or future acci				
and an inglist to recover thereun	and an interpretation past of fatalic acci	action of the control			
Date:	Insured's Signature:	Driver's Signature:			
5 .	14C / 14	Aug der			
Date:	Witness' Name:	Witness' Signature:			