



KEY INSURANCE COMPANY LIMITED

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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:	Year:
Make:	Model/Type:	Colour:
Name and Address of any Bank or Company with a financial interest in the vehicle:		
Was there any un-repaired damage prior to the theft? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If yes, give details:
Were there any distinguishing marks? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If yes, give details:
Were there any modifications? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If yes, give details:
Were there any special fittings and accessories? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If yes, give details:
Are there any co-owners? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If yes, list names:
Has the vehicle been recovered? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		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 <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	
Was the vehicle driven by a person other than the insured? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, by whose authority?		
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 <input type="checkbox"/> No <input type="checkbox"/>		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

Date of theft:	Time:	Place:	Parish:
Was the theft reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, state name of the policeman:	
Badge #:	Name of Police Station:		Date reported:
Time Reported: AM <input type="checkbox"/> PM <input type="checkbox"/>	Were there any independent witnesses? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Witness #1 Name:	Witness #1 Contact #:		
Witness #2 Name:	Witness #2 Contact #:		
Was it a hold up? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please provide details in statement.	
Were there any independent witnesses? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, give information below:	

