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

KEY-CL-22

CLAIM NUMBER ____________

Date: ____________

MOTOR ACCIDENT REPORT 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:	License Number:	Year:
Make:	Model/Type:	Colour:
Name and Address of any person or Company with a monetary interest in the vehicle:		
Was there any un-repaired damage prior to the accident? Yes ☐ No ☐		
If **yes**, give details:		
Where on the vehicle was damaged in this accident?:		

PARTICULARS OF USE

State fully the purpose for which the vehicle was being used at the time of the accident:		
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 than the insured? Yes ☐ No ☐ If **yes**, by whose authority?		

PARTICULARS OF ACCIDENT

Date of Accident:	Time:	Your approximate speed at time of accident (km):
Location of Accident:		Who do you think was at fault:
Was the accident reported to the police? Yes ☐ No ☐		If **yes**, state name of policeman:
Badge #:	Name of Police Station:	Were you warned for prosecution? Yes ☐ No ☐
Was the other driver warned for prosecution? Yes ☐ No ☐		Was the pavement wet? Yes ☐ No ☐
Did the police visit the scene? Yes ☐ No ☐		Were you wearing a seatbelt? Yes ☐ No ☐
How was the visibility? Dark ☐ Well Lit ☐		Did you offer the Third Party compensation? Yes ☐ No ☐
Were there any independent witnesses? Yes ☐ No ☐		If **yes**, give information below:
Witness #1 Name:		Witness #1 Contact #:
Witness #2 Name:		Witness #2 Contact #:
Did the driver of the other vehicle sign a written admission of liability? Yes ☐ No ☐ If **yes**, please attach.		

	Insured's Vehicle	**Third Party #1**	**Third Party #2**
Direction of Travel?			
On which side of the road?			
Head Lights (on, off, dim, bright)?			
Was indicator on or off?			
Was horn sounded?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

PARTICULARS OF DAMAGE TO OWN VEHICLE

Was the vehicle damaged? Yes ☐ No ☐ If so, please state the following:	
Describe the damage:	
Did a wrecker remove your vehicle? Yes ☐ No ☐	If **yes**, give name:
Approximate cost of repairs: J$	Current location of vehicle:
Name and address of repairers:	

PARTICULARS OF PASSENGERS IN INSURED'S VEHICLE

1.	Name:	Occupation:
	Address:	Relationship to the insured/driver:
	Hospital attended:	Was passenger wearing seatbelt: Yes ☐ No ☐
	Nature of injuries, if any:	

2.	Name:	Occupation:
	Address:	Relationship to the insured/driver:
	Hospital attended:	Was passenger wearing seatbelt: Yes ☐ No ☐
	Nature of injuries, if any:	
3.	Name:	Occupation:
	Address:	Relationship to the insured/driver:
	Hospital attended:	Was passenger wearing seatbelt: Yes ☐ No ☐
	Nature of injuries, if any:	

PARTICULARS OF THIRD PARTIES

Was any pedestrian or cyclist injured? Yes ☐ No ☐ If so, please state the following:			
Name:		Contact Number:	
Address:			
Nature of injury, if any:			
Damage to cycle:		Hospital attended:	
Third Party #1 a. Owner's Name:		Contact Number:	
Address:			
b. Driver's Name:		Contact Number:	
Address:			
c. Year:	Make:	Model:	Registration No.:
d. How many passengers were in the vehicle:		How many were injured:	
Nature of injuries:			
e. Nature of damage to vehicle:			
f. Insurance Company:			
Third Party #2 g. Owner's Name:		Contact Number:	
Address:			
h. Driver's Name:		Contact Number:	
Address:			
i. Year:	Make:	Model:	Registration No.:
j. How many passengers were in the vehicle:		How many were injured:	
Nature of injuries:			
k. Nature of damage to vehicle:			
l. Insurance Company:			
Was there damage to any other property (such as walls, fences, cultivations, animals)? Yes ☐ No ☐ If **yes**, give info below:			
Property Owner #1 Name:		Contact Number:	
Address:			
Details:			
Property Owner #2 Name:		Contact Number:	
Address:			
Details:			

PARTICULARS OF THE DRIVER OF INSURED'S VEHICLE

Driver's Name:		Date of Birth:	
Driver's Address:			
Occupation:			
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:	

PARTICULARS OF THE DRIVER OF INSURED'S VEHICLE CON'T.

What is the relationship between the insured and the driver:	
How many accidents in the past three (3) years:	Was the driver sleepy or drowsy? Yes ☐ No ☐
Does the driver own a motor vehicle? Yes ☐ No ☐	If so, where is it insured:
Has the driver ever been refused insurance? Yes ☐ No ☐	If **yes**, why:
Has the driver ever been convicted of a Motor Vehicle offense? Yes ☐ No ☐	If **yes**, what:
Had the driver been drinking any alcoholic beverages: Yes ☐ No ☐	

STATEMENT (to be completed by the driver)

State fully what happened and show by sketch on the following page the position of the vehicles at the time of the accident:

DETAILS:

CLAIMS: Has any claim been made upon you? Yes ☐ No ☐
(Any communication that you receive about the accident should not be answered but send to The Company immediately.)

I DECLARE THAT THE PARTICULARS ARE TRUE AND COMPLETE.

Dated: ____________________ Signature of Insured: ____________________

Dated: ____________________ Signature of Driver: ____________________

PLEASE COMPLETE APPROPRIATE DIAGRAM OVERLAEAF

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SKETCH AND MEASUREMENTS

Please state measurements in feet. Show approximate width of road.

1 chain = 66 yards or 198 feet.

Indicate Direction:

Show stop or slow signs

Label each street