



KEY INSURANCE COMPANY LIMITED

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WINDSCREEN DAMAGE CLAIM FORM

Particulars of the Insured

Name: _____ Age: _____
Address: _____ Phone: _____
Occupation/ Business: _____
Employer/ Business name and address: _____ Phone: _____

Particulars of Policy

Policy #: _____ Due date: _____ Period of cover: _____
Type of cover: _____ Insured value: _____

Particulars of Vehicle

Make: _____ Model: _____ Year: _____
License Plate #: _____ Horse Power: _____ Seating Cap.: _____
What purpose was the vehicle being used for at the time of loss/damage? _____
Was the vehicle being used with the Owner's knowledge and consent? Yes No How many people were being conveyed in the vehicle? _____ Fare paid: _____

Particulars of Driver

Name: _____ Age: _____
Address: _____ Phone: _____
Occupation: _____
Relationship between Insured & Driver: _____
Driver's License #: _____ Date of issue: _____
Type of license: _____ How many years have you held a license? _____ Previous accidents: _____

Particulars of Loss/Damage

Date of accident: _____ Time: _____ Place: _____
Who in your opinion was to blame? _____
Did a Police Officer investigate or take particulars? Yes No Officer's Name: _____
Badge #: _____ Concerning Station: _____ Were you warned for prosecution? Yes No

Particulars of Third Party

Owner's name: _____ Driver's name: _____
Licence #: _____ Vehicle make: _____
Type of Vehicle: _____ Insurance Co.: _____

Witness(es)

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Statement

Date: _____ Insured's Signature: _____ Driver's Signature: _____

Damage inspected by: _____ Signature: _____