

## 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**

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 Compan	y with a financial inte	erest in the vehicle:		
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 vehicl	e was being used at 1	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 \( \text{No} \)				
Was the vehicle driven by a person other th		•	-	
Details:				
PARTICULARS OF THE DRIVER				
Driver's Name:		Date of Birth:		
Driver's Address:				
Occupation/Business:		Employer:		
Occupation/Business: Employer/Business Address:		Employer:		
Occupation/Business:  Employer/Business Address:  Contact Numbers Cell:		Employer:	Business:	
Employer/Business Address:	Date Issued:	1		
Employer/Business Address: Contact Numbers Cell:	Date Issued:	1	Business: Collectorate:	
Employer/Business Address:  Contact Numbers Cell:  Driver's License #:	Date Issued:	Home:	Business: Collectorate:	
Employer/Business Address:  Contact Numbers  Driver's License #:  Type of License:		Home:  Classes of vehicles spe	Business: Collectorate:	
Employer/Business Address:  Contact Numbers Cell:  Driver's License #:  Type of License:  Has it been endorsed? Yes \( \square\) No \( \square\)	ed and the driver:	Home:  Classes of vehicles spe	Business: Collectorate:	
Employer/Business Address:  Contact Numbers Cell:  Driver's License #:  Type of License:  Has it been endorsed? Yes \( \sigma \) No \( \sigma \)  What is the relationship between the insur	ed and the driver:	Home:  Classes of vehicles spe	Business: Collectorate:	
Employer/Business Address:  Contact Numbers  Driver's License #:  Type of License:  Has it been endorsed? Yes   What is the relationship between the insur How many accidents in the past three (3) y	ed and the driver:	Home:  Classes of vehicles spe	Business: Collectorate:	
Employer/Business Address:  Contact Numbers Cell:  Driver's License #:  Type of License:  Has it been endorsed? Yes \( \sigma \) No \( \sigma \)  What is the relationship between the insur How many accidents in the past three (3) y  PARTICULARS OF THEFT  Date of theft: Time:	ed and the driver: ears:	Home:  Classes of vehicles spending in the second s	Business: Collectorate: ecified in license: Parish:	
Employer/Business Address:  Contact Numbers  Driver's License #:  Type of License:  Has it been endorsed? Yes \( \sigma \) No \( \sigma \)  What is the relationship between the insur How many accidents in the past three (3) y  PARTICULARS OF THEFT  Date of theft:  Was the theft reported to the police? Yes \( \sigma \)	ed and the driver: ears:	Home:  Classes of vehicles spond of the spon	Business: Collectorate: ecified in license: Parish:	
Employer/Business Address:  Contact Numbers  Driver's License #:  Type of License:  Has it been endorsed? Yes \( \sigma \) No \( \sigma \)  What is the relationship between the insur How many accidents in the past three (3) y  PARTICULARS OF THEFT  Date of theft:  Was the theft reported to the police? Yes \( \sigma \)  Badge #:	ed and the driver: ears:	Home:  Classes of vehicles sport If yes, give details:  Place: If yes, state name of the stion:	Business:  Collectorate: ecified in license:  Parish: e policeman: Date reported:	
Employer/Business Address:  Contact Numbers  Driver's License #:  Type of License:  Has it been endorsed? Yes \( \sigma \) No \( \sigma \)  What is the relationship between the insur How many accidents in the past three (3) y  PARTICULARS OF THEFT  Date of theft:  Was the theft reported to the police? Yes \( \sigma \)  Badge #:	ed and the driver: ears:	Home:  Classes of vehicles sport If yes, give details:  Place: If yes, state name of the stion:	Business:  Collectorate: ecified in license:  Parish: e policeman:	
Employer/Business Address:  Contact Numbers   Cell:  Driver's License #:  Type of License:  Has it been endorsed? Yes   No    What is the relationship between the insur How many accidents in the past three (3) y  PARTICULARS OF THEFT  Date of theft:   Time:  Was the theft reported to the police? Yes    Badge #:  Time Reported:   AM   PM	ed and the driver: ears:	Home:  Classes of vehicles spr If yes, give details:  Place: If yes, state name of the tion: Were there any indeper	Business:  Collectorate: ecified in license:  Parish: e policeman: Date reported:	
Employer/Business Address:  Contact Numbers   Cell:  Driver's License #:  Type of License:  Has it been endorsed? Yes   No    What is the relationship between the insur How many accidents in the past three (3) y  PARTICULARS OF THEFT  Date of theft:   Time:  Was the theft reported to the police? Yes    Badge #:  Time Reported:   AM   PM    Witness #1 Name:	ed and the driver: ears:	Home:  Classes of vehicles spond of the classes of vehicles spond of vehicles spond of the classes of vehicles spond of vehicles spo	Business:  Collectorate: ecified in license:  Parish: e policeman: Date reported: indent witnesses? Yes \( \) No \( \)	



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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.
		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 fra	udulent statement, or if found guil	ty 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 interprete of past of fatale acci	action of the control
Date:	Insured's Signature:	Driver's Signature:
5 .	14C / 14	Aug der
Date:	Witness' Name:	Witness' Signature: