

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 Numbe	er:	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 \Box No \Box		If yes, give details:				
Were there any distinguishing marks? Yes 🛛 No 🗆		If yes, give details:				
Were there any modifications? Yes \Box No \Box		If yes, give details:				
Were there any special fittings and accessories? Yes \Box No \Box		If yes, give details:				
Are there any co-owners? Yes \Box No \Box		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 t	he time of the theft:				
Were goods being carried: Yes 🗆 No 🗆	If yes, state the nat	ure:		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 the	nan the insured? Yes	🗆 No 🗆 If yes, by wł	nose autho	prity?		
Details:						
PARTICULARS OF THE DRIVER						
Driver's Name:		Date	e of Birth:			
Driver's Address:		<u>.</u>				
Occupation/Business: Employer:						
Employer/Business Address:		-				
Contact Numbers Cell:		Home:	-	Business:		
Driver's License #:	Date Issued:	I	Collecto			
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 insur						
How many accidents in the past three (3) y	ears:					
PARTICULARS OF THEFT	-			1		
Date of theft: Time:		Place:		Parish:		
Was the theft reported to the police? Yes 🗌 No 🗌 If yes, state name of the policeman:						
Badge #: Name of Police Station: Date reported:						
Time Reported: AM 🗆 PM 🗆		Were there any independent witnesses? Yes \Box No \Box				
Witness #1 Name:		Witness #1 Contact #:				
Witness #2 Name:		Witness #2 Contact #:				
Was it a hold up? Yes <pre>D</pre> No <pre>D</pre>		If yes, please provide details in statement.				
Were there any independent witnesses? Yes \Box No \Box		If yes, give information below:				



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STATEMENT:

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

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 respect and I/We agree that if I/We have made, or in any further declaration 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 and all rights to recover thereunder in respect of past or future accidents, shall be forfeited.

Date:	Insured's Signature:	Driver's Signature:	
	Ū <u> </u>	3	

Date:

_____ Witness' Name: _____

Witness' Signature: ____

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