

### 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

CLAIM	NUMBER	

Date:			

## **MOTOR ACCIDENT REPORT FORM**

PAR	TICULARS OF THE INSURED								
Nar	Name:			Alias:					
Hor	me Address:								
Occupation:				Em	ployer/Bus	iness Name:			
	ployer/Business Address:								
Contact Numbers:				Em	nail Address	:			
PAR	TICULARS OF THE VEHICLE								
Poli	cy Number:		License Number:			Year:			
Ma	ke:		Model/Type:			Colour:			
Nar	ne and Address of any person or	Compa	any with a monetary	intere	est in the ve	hicle:			
Wa	s there any un-repaired damage	prior to	o the accident? Yes	□ No					
If <b>y</b> e	es, give details:								
Wh	ere on the vehicle was damaged	in this	accident?:						
PAR	TICULARS OF USE								
Sta	te fully the purpose for which the	vehic	le was being used at	the tir	ne of the ac	cident:			
We	re goods being carried: Yes 🗆 N	lo 🗆	If <b>yes</b> , state the na	ture:			and weig	ht (lb):	
	w many persons including the dri		re in the vehicle?		Were the	ev charged a fee	to be trai	nsported? Yes □ No	
Wa	s the vehicle driven by a person o	other t	han the insured? Yes	. □ N		by whose author		•	
	TICULARS OF ACCIDENT				· · · · · ·	.,	,		
	e of Accident:	Time:		Vour	annrovimat	te sneed at time	of accide	nt (km):	
	ation of Accident:	Tillic.		Your approximate speed at time of accident (km): Who do you think was at fault:					
	s the accident reported to the po	lica? V	'es □ No □		•	e of policeman:			
	lge #:	nice: i	Name of Police Sta	_	, state mann			for prosecution?	
Dac	дс π.		Name of Fonce Sta	tion.		Yes 🗆		Tor prosecution:	
Wa	s the other driver warned for pro	secuti	on? Yes □ No □	Was	the paveme	ent wet? Yes 🗆	No □		
Did	the police visit the scene? Yes $\square$	l No 🛭		Were	e you wearii	ng a seatbelt? Y	es 🗆 No l		
Hov	w was the visibility? Dark 🗆 We	II Lit □		Did y	ou offer the	Third Party co	mpensatio	n? Yes □ No □	
We	re there any independent witnes	ses? Ye	es 🗆 No 🗆	If yes	, give infori	mation below:	-		
	ness #1 Name:			Witn	ess #1 Cont	act #:			
Wit	ness #2 Name:			Witn	ess #2 Cont	act #:			
Did	the driver of the other vehicle si	gn a w	ritten admission of li	ability	? Yes □ No	o □ If <b>yes</b> , pleas	se attach.		
			Insured's Vehicle	ĺ		rd Party #1		Third Party #2	
Dire	ection of Travel?					-		•	
On	which side of the road?								
Hea	nd Lights (on, off, dim, bright)?								
Wa	s indicator on or off?								
Wa	s horn sounded?		Yes □ No □		Ye	s □ 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 \( \Brightarrow \) No \( \Brightarrow \) If <b>yes</b> , give name:									
Approximate cost of repairs: J\$  Current location of vehicle:									
Name and address of repairers:									
	·	INICIII	RED'S VEHICI E						
PARTICULARS OF PASSENGERS IN INSURED'S VEHICLE  1 Name: Occupation:									
1. Name:						Occupation:			
Address: Hospital attended:						Relationship to the insured/driver:  Was passenger wearing seatbelt: Yes  No			
	Nature of injuries, if any:					vvas passenge	i wearing	seatbelt: Yes 🗀 No L	
	ivacule of injuries, it ally.								

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2.	Name:				Occupation:		
ŀ	Address:				Relationship to the insured/driver:		
ŀ	Hospital attended:				Was passenger wearing seatbelt: Yes □ No □		
ŀ	Nature of injuries, if any:				was passenger v	wearing seatbeit. Tes 🗀 No 🗀	
3.	Name: Occupation:						
٥.	Address:				•	he insured/driver:	
-	Hospital attended:				Relationship to the insured/driver:		
ŀ					vvas passenger v	vearing seatbelt: Yes  No  No	
	Nature of injuries, if any:						
AK	TICULARS OF THIRD PART	IES					
Was	s any pedestrian or cyclist in	<b>jured?</b> Yes	ne following:				
Nan	ne:				Contact Number:		
	ress:						
Nat	ure of injury, if any:						
Dan	nage to cycle:				Hospital attende	ed:	
Thir	d 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 veh	icle:	How many we	re injured:		
Nat	ure of injuries:						
e.	Nature of damage to vehicle	e:					
f.	Insurance Company:						
Thir	d Party #2						
g.							
	Address:						
h.							
	Address:						
i.	Year:	Make:		Model:		Registration No.:	
j.	. How many passengers were in the vehicle: How many were injured:						
Nat	Nature of injuries:						
k.							
l.							
Was	s there damage to any other	property	(such as walls, fences,	cultivations, an	nimals)? Yes □ No	☐ If <b>ves</b> , give info below:	
	perty Owner #1		,	,	,	, , 0	
Nan	•				Contact Number	:	
Add	Address:						
Details:							
Property Owner #2							
Nan			Contact Number:				
Address:							
Details:							
PAR	TICULARS OF THE DRIVER	OF INSUR	RED'S VEHICLE				
Driver's Name:  Date of Birth:							
	Driver's Address:						
Occupation:							
Contact Numbers Cell: Home: Business:							
	Driver's License #: Date Issued: Collectorate:						
			Date issued.	Classes of yeh			
				Classes of vehicles specified in license:			
Has it been endorsed? Yes □ No □ If					If <b>yes</b> , give details:		



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#### PARTICULARS OF THE DRIVER OF <u>INSURED'S</u> 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 $\square$ No $\square$
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 <b>yes</b> , why:
Has the driver ever been convicted of a Motor Vehicle offense? You	
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 p	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 r	not be answered but send to The Company immediately.)
·	
I DECLARE THAT THE PARTICULA	ARS ARE TRUE AND COMPLETE.
Dated:	Signature of Insured:
Dated:	Signature of Driver:
PLEASE COMPLETE APPROPR	RIATE DIAGRAM OVERLAEAF

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#### **SKETCH AND MEASUREMENTS**

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

