

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
Data:	

Date:	

MOTOR ACCIDENT REPORT FORM

PAR	TICULARS OF THE INSURED								
Nar	Name:			Alias:					
Hor	ne Address:								
Occupation: Employer				ployer/Bus	iness Name:				
Em	oloyer/Business Address:								
Con	tact Numbers:			Em	ail Address	:			
PAR	TICULARS OF THE VEHICLE								
Poli	cy Number:		License Number:			Year:			
Mal	ke:		Model/Type:			Colour			
Nar	ne and Address of any person or	Compa	ny with a monetary	intere	st in the ve	hicle:			
Was	s there any un-repaired damage	prior to	the accident? Yes	□ No					
If ye	es, give details:								
Wh	ere on the vehicle was damaged	in this	accident?:						
PAR'	TICULARS OF USE								
Stat	e fully the purpose for which the	vehicl	e was being used at	the tim	ne of the ac	cident:			
We	re goods being carried: Yes 🗆 N	io 🗆	If yes , state the na	ture:			and weight (lb):		
Hov	v many persons including the dri	ver wei	re in the vehicle?		Were the	ey charged a fe	e to be transported? Yes 🗆 No 🗆		
Was	s the vehicle driven by a person o	other th	nan the insured? Yes	s □ No	☐ If yes,	by whose auth	ority?		
	TICULARS OF ACCIDENT				<u> </u>	•	,		
		Time:		Your a	approximat	proximate speed at time of accident (km):			
	ation of Accident:			Who do you think was at fault:					
	s the accident reported to the po	lice? Yo	es 🗆 No 🗆			e of policeman	:		
	ge #:	100.1	Name of Police Sta				ou warned for prosecution?		
2 0.0	8					Yes □	·		
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 □									
					-	_	mpensation? Yes \(\Bar{\cup} \) No \(\Bar{\cup} \)		
						mation below:	inpensation: res 🗆 No 🗆		
	ness #1 Name:	363: 16	:5 L NO L		ess #1 Cont				
	ness #2 Name:				ess #2 Cont				
_	the driver of the other vehicle sign	an a w	ritten admission of li				se attach		
Dia	the driver of the other vehicle sign		Insured's Vehicle	iability:		rd Party #1	Third Party #2		
Dire	ection of Travel?		moureu o verneie			id i di cy #1	Time Fally #2		
	which side of the road?								
Head Lights (on, off, dim, bright)?									
	s indicator on or off?								
Was	s horn sounded?		Yes □ No □		Yes	s □ No □	Yes □ No □		
PAR	TICULARS OF DAMAGE TO OV	VN VE		ı			-		
Wa	s the vehicle damaged? Yes \(\text{N} \)	 	If so, please sta	te the f	following.				
	cribe the damage:		55, p. 5455 544		0011				
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:									
	TICULARS OF PASSENGERS IN	INSUF	RED'S VEHICLE						
1. Name: Occupation:									
Address:			Relationship to the insured/driver:						
	Hospital attended:					•	er wearing seatbelt: Yes \(\simeq \) No \(\simeq \)		
	Nature of injuries, if any:					7745 P455C118C			

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_ 1					I _			
2.					Occupation:			
	Address:				Relationship to the insured/driver:			
	Hospital attended:				Was passenger wearing seatbelt: Yes \square No \square			
	Nature of injuries, if any:							
3.	Name:				Occupation:			
	Address:				Relationship to the insured/driver:			
	Hospital attended:				Was passenger wearing seatbelt: Yes ☐ No ☐			
İ	Nature of injuries, if any:							
PAR'	TICULARS OF THIRD PART	TES						
			□ No□ If co	places state th	o fallo	uina		
	s any pedestrian or cyclist in	ijureur res	11 SU	, please state th				
Nar					Contact Number:			
	lress:							
	ure of injury, if any:							
	nage to cycle:				Hospi	tal attende	d:	
Thi	d Party #1							
a.	Owner's Name:				Conta	ict Number	:	
	Address:				I _			
b.	Driver's Name:				Conta	ict Number	:	
	Address:		1					
С.	Year:	Make:		Model:			Registration No.:	
d.	How many passengers were	e in the ver	licie:	How many we	re injur	rea:		
	ure of injuries:							
e.	Nature of damage to vehicl	e:						
f.	Insurance Company:				ı			
	d Party #2							
g.						Contact Number:		
	Address:							
h.	Driver's Name: Contact Number:							
	Address:							
i.				Model:			Registration No.:	
j.	. How many passengers were in the vehicle: How many were injured:							
Nat	Nature of injuries:							
k.	k. Nature of damage to vehicle:							
l.	Insurance Company:							
Wa	s there damage to any othe	r property	(such as walls, fences,	cultivations, ar	nimals)î	? Yes □ No	☐ If yes , give info below:	
Pro	Property Owner #1							
Nar	ne:				Contact Number:			
Add	Address:							
Details:								
Pro	Property Owner #2							
Nar	Name:					Contact Number:		
Add	Address:							
Details:								
PAR	TICULARS OF THE DRIVER	OF INSUE	RED'S VEHICLE					
Driver's Name: Date of Birth:								
Driver's Address:								
Occupation:								
	tact Numbers	Cell:		Home:			Business:	
	ver's License #:		Date Issued:	<u> </u>		Collectora		
				Classes of vehicles specified in license:				
	Has it been endorsed? Yes □ No □				If yes , give details:			
rias it been endorsed; tes 🗆 NO 🗆					ii yes, give details.			



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

The second of th	••			
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 \square No \square	If so, where is it insured:			
Has the driver ever been refused insurance? Yes \Box No \Box	If yes , why:			
Has the driver ever been convicted of a Motor Vehicle offense? Y	res No If yes, what:			
Had the driver been drinking any alcoholic beverages: Yes \Box 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	not he answered but send to The Company immediately \			
, my communication that you receive about the accident should	not be answered but send to the company infinediately.			
I DECLARE THAT THE PARTICUL	ARS ARE TRUE AND COMPLETE.			
Data di	Cianakura af Ingunad			
Dated:	Signature of Insured:			
Dated:	Signature of Driver:			
DI EASE COMPLETE ADDROD	PIATE DIAGRAM OVERI AFAE			

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SKETCH AND MEASUREMENTS

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

