



KEY INSURANCE COMPAPANY 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

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 #: _____ Horsepower: _____ Seating Cap.: _____

What purpose was the vehicle being used for at the time of loss/damage? _____

Was the vehicle being used with the Yes No How many people were being _____ Fare paid: _____

Owner's knowledge and consent? _____ conveyed in the vehicle? _____

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: _____ AM/PM 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

Owner's name: _____ Driver's name: _____

Licence #: _____ Vehicle make: _____

Type of Vehicle: _____ Insurance Co.: _____

Witness(es)

Name: _____ Address: _____ Phone: _____



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Name: _____ Address: _____ Phone: _____

Statement

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

Damage inspected by: _____ Signature: _____