

M & C General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 99, Castries
St. Lucia, W.I.

MOTOR VEHICLE ACCIDENT REPORT PRIVATE & CONFIDENTIAL

Policy No. Not applicable

Claim No. Not applicable

Insured _____

Address _____

Telephone _____

Profession/Occupation _____

Employer _____

Telephone _____

DRIVER'S NAME

_____ Date of Birth _____

Address _____ Telephone _____

Profession/Occupation _____

Employer _____ Telephone _____

Driver's Permit No. _____ Date first issued _____ Date Renewed _____

Class of vehicle licensed to drive _____

Particulars of Convictions _____

Does the driver have any physical impairment? YES NO

If 'YES', please describe _____

Does the driver own a motor vehicle or motor cycle? YES NO

Name of Insurer _____

Relationship of driver to Insured _____

Upon whose authority was the driver operation the vehicle? _____

Was the driver injured? YES NO

If 'YES', state nature of injuries _____

Was the driver wearing a seat belt? YES NO

PARTICULARS OF INSURED VEHICLE

Vehicle Registration No. _____ Make _____ Body Type _____

At the time of the accident, was the vehicle being used for social, domestic or pleasure purposes? YES NO

If for business purposes, please state whose business and what goods were carried _____

Number of persons (excluding driver) in the vehicle _____

Does anyone else have a financial interest in the vehicle? YES NO

If 'YES', whom and their interest _____

Is the damage to the vehicle:- Severe Slight Front end Rear end

Details of Damage SIDE- Left Right

Where can the vehicle be inspected? _____ Estimated cost of repairs _____

Repairer's Name _____ Telephone _____

Have you instructed repairs to be carried out? YES NO

REPAIRER'S ESTIMATE SHOULD ACCOMPANY THIS FORM

PARTICULARS OF THIRD PARTY VEHICLE

Vehicle Registration No. _____ Make _____ Body Type _____ Colour _____

Owner's Name _____ Address _____

Driver's Name _____ Address _____

Is the damage to the Vehicle Coverage – Comprehensive Third Party Third Party Fire & Theft
Severe Slight Front end Rear end Side – Left Right

Details of Damage _____

Was there any other property damage? YES NO

THIS SPACE FOR SKETCH

PLEASE APPEND SKETCH

I/We declare the foregoing particulars to be true to the best of my knowledge. I hereby authorize Insurers to deal with all matters arising from this incident in their discretion and if they deem it expedient, to admit liability and/or negligence on my/our behalf in connection with any claims or legal proceedings.

Signature _____

Date _____

Signature of Driver _____