

General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 786, Castries
St. Lucia, W.I.

MOTOR VEHICLE ACCIDENT REPORT PRIVATE & CONFIDENTIAL

Policy No. _____ Claim No. _____
Insured _____
Address _____ Telephone _____
Profession/Occupation _____
Email Address _____
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
SIDE- Left Right
Details of Damage _____
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 (OTHER DRIVER)

Vehicle Registration No. _____ Make _____ Body Type _____ Colour _____
Owner's Name _____ Address _____
Driver's Name _____ Address _____
Coverage – Comprehensive Third Party Third Party Fire & Theft
Is the damage to the Vehicle ___ Severe Slight Front end Rear end Side – Left Right

THIS SPACE FOR 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.

Date _____

Signature _____

Signature of Driver _____