

Sagicor General Insurance Inc.

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GENERAL

MOTOR INSURANCE – CLAIM FORM

THIS FORM MUST BE COMPLETED BY THE INSURED AND/OR THE AUTHORISED DRIVER.
PLEASE COMPLETE ALL RELEVANT SECTIONS AND REMEMBER TO SIGN AND DATE THE FORM

POLICY HOLDER INFORMATION			
Policy No.:		Claim No.:	
Coverage: Comprehensive	Third Party Fire	& Theft	
Renewal Date:		Excess applicable (\$):	
Name of Insured:		Tel No.:	
Address:			
E-mail:		ID.#:	
Profession/Occupation:			
Employer's Name:		Tel No.:	
Employer's Address:			
E-mail:			
Business Address (If self-employed):			
		Tel No.:	
PARTICULARS OF DRIVER			
Driver's Name:		☐ Male ☐ Female	
Address:		Date of Birth:	
		Tel No.:	
Profession/Occupation:		Class of vehicle licenced to drive:	
Employer's Name:		Driver's License No.:	
Employer's Address:		Date Driver's License Issued:	
		Date Driver's License Expired:	
		Relationship of Driver to Insured:	
Does the driver own a vehicle?	☐ Yes ☐ No		
If 'Yes', Reg. No.:		Was the driver injured?	☐ Yes ☐ No
Name of Insurer:		If 'Yes' state the nature of injuries:	
Does the driver have any physical impairment?	☐ Yes ☐ No		
Was the vehicle being used with the order			
or permission of the Insured?	☐ Yes ☐ No	Was the driver wearing a seat belt?	☐ Yes ☐ No
Does the driver have any previous		Does the driver have any motoring	
motor accidents?	☐ Yes ☐ No	convictions, offenses or any license	
If 'Yes', give details:		endorsements or suspensions?	☐ Yes ☐ No
		If 'Yes', give details:	
Was the driver drinking alcohol or taking drugs?			
If 'Yes', give details:			
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PARTICULARS OF INSURED \	/EHICLE	
Vehicle Registration No.:		Make:
Engine No.:		
Chassis No./VIN:		Colour:
At the time of the accident what exactly v	was the vehicle bei	ing used for? □ Yes □ No
If 'No', for what purpose was it being used?		
Were there passengers in the vehicle?		No If 'Yes' how many?
Were they fare paying passengers?	□Yes □	No
Does any person or entity have a financi	al interest in the ve	ehicle?
If Yes, please state who?		
Is the damage of the vehicle:	□ Severe	□ Slight
Where can the vehicle be inspected?		Estimated cost of repairs:
		Tel No.:
Repairer's Name:		Have you instructed repairs to be carried out
Repairer's Address:		
PARTICULARS OF THIRD PAR	RTY VEHICLE	
Vehicle Registration No.:		Make:
Body Type:		Tel No.:
Owner's Name:		
Address:		
Driver's Name:		
Address:		
Insurance Company:		
Coverage:	□ Comprehensiv	e □ Third Party □ Third Party Fire & Theft
Is the damage of the vehicle:	☐ Severe	□ Slight
Details of Damage:		
Was there any other property damage?	□ Yes □ I	No
If yess, give details:		
Indicate area of damage to the vehicle:		
INSURED VEHICLE		THIRD PARTY VEHICLE

PARTIC	ULARS OF PERSO	ONS INJURED		
Use code t	o indicate; 1- passenger i	n your vehicle; 2 - passenç	ger in other vehicle; 3 - Pe	edestrian)
CODE	NAME	CONTACT#	ADDRESS	DETAILS OF INJURIES
ARTIC	ULARS OF THE A	CCIDENT		
-	our vehicle immediate p	-		
•	-			
				ate Reported:
as any w	arning given by the Poli	ce that you might be pro	secuted?	Yes □ No
VITNES	SES			
Jse code t	o indicate whether; 1- pas	senger in your vehicle; 2 -	an Independent witness))
CODE	NAME	CONTACT#	ADDRESS	DETAILS OF INJURIES
		iption of the accident, a		ther with this form.
We have o	e that the above statemer disclosed all information in		are aware that it is a CRI	behalf are true and complete in every respec MINAL offence to defraud, or attempt to
				Date:
ignature o	f Driver:			Date:

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