



GENERAL

Sagicor General Insurance Inc.

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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 Third Party

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:

Profession/Occupation:

Employer's Name:

Employer's Address:

Does the driver own a vehicle? Yes No

If 'Yes', Reg. No.:

Name of Insurer:

Does the driver have any physical impairment? Yes No

Was the vehicle being used with the order or permission of the Insured? Yes No

Does the driver have any previous motor accidents? Yes No

If 'Yes', give details:.....

Was the driver drinking alcohol or taking drugs? Yes No

If 'Yes', give details:.....

Date of Birth:

Tel No.:

Class of vehicle licenced to drive:

Driver's License No.:

Date Driver's License Issued:

Date Driver's License Expired:

Relationship of Driver to Insured:.....

Was the driver injured? Yes No

If 'Yes' state the nature of injuries:

Was the driver wearing a seat belt? Yes No

Does the driver have any motoring convictions, offenses or any license endorsements or suspensions? Yes No

If 'Yes', give details:.....

PARTICULARS OF INSURED VEHICLE

Vehicle Registration No.: Make:

Engine No.: Body Type:

Chassis No.: Colour:

At the time of the accident, was the vehicle being used for Private, Social and Domestic use or in connection with the Insured's business? Yes No

If 'No', for what purpose was it being used?

Were there passengers in the vehicle? Yes No If 'Yes' how many?

Were they fare paying passengers? Yes No

Does anyone have a financial interest in the vehicle? Yes No If 'Yes', what are their interest?

Is the damage of the vehicle: Severe Slight

Details of Damage:

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

Repairer's Name: Tel No.:

Repairer's Address: Have you instructed repairs to be carried out Yes No

PARTICULARS OF THIRD PARTY VEHICLE

Vehicle Registration No.: Make:

Body Type: Tel No.:

Owner's Name:

Address:

Driver's Name:

Address:

Insurance Company:

Coverage: Comprehensive Third Party Third Party Fire & Theft

Is the damage of the vehicle: Severe Slight

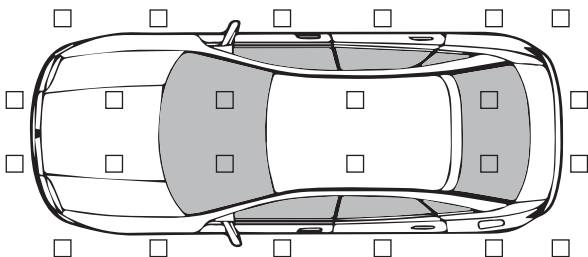
Details of Damage:

Was there any other property damage? Yes No

If yes, give details:

Indicate area of damage to the vehicle:

INSURED VEHICLE



THIRD PARTY VEHICLE

