

Sagicor General Insurance Inc.

Sagicor Financial Center, Choc Estate, Castries, St. Lucia, W.I., LC02 501 Tel: 1 (758) 452-0944 Fax: 1 (758) 450-4870 Website: www.sagicor.com • Email: stluciaclaims@sagicorgeneral.com

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	·				
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					
		☐ Male ☐ Female			
Driver's Name:					
Address.		Date of Birth:			
Profession/Occupation:		Class of vehicle licenced to drive:			
1 TOTOGOTOTI GOCUPULICII					
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 VEHICLE			
Vehicle Registration No.:	Make:		
Engine No.:	Body Type:		
Chassis No.:	Colour:		
At the time of the accident, was the vehicle being used for ${\bf F}$	Private, Social and Domestic use or in connection with		
the Insured's business?	No		
Were there passengers in the vehicle?	No If 'Yes' how many?		
Were they fare paying passengers?			
Does anyone have a financial interest in the vehicle?			
-			
Is the damage of the vehicle: ☐ Severe	□ Slight		
Details of Damage:			
	Estimated aget of renaire.		
Where can the vehicle be inspected?	Estimated cost of repairs: Tel No.:		
Repairer's Name:			
Repairer's Address:			
PARTICULARS OF THIRD PARTY VEHICLE			
Vehicle Registration No.:	Make:		
Body Type:			
Address:			
Driver's Name:			
Coverage: Comprehensive Comprehensive			
Is the damage of the vehicle: ☐ Severe ☐ Details of Damage:	□ Slight		
Was there any other property damage? ☐ Yes ☐ N	No		
If yess, give details:			
Indicate area of damage to the vehicle:	1		
INCURED VEHICLE	THIRD DARTY VEHICLE		
INSURED VEHICLE	THIRD PARTY VEHICLE		

NAME ADDRESS Code Details of Injuries NAME ADDRESS Code Details of Injuries	PARTICULARS OF PER	SONS INJURED			
PARTICULARS OF THE ACCIDENT Date occured:	(Use code to indicate; 1- passenge	er in your vehicle; 2 - pas	ssenger in other vehicle;	3 - Pedestrian)	
Date occured:	NAME	ADDRESS	Code	Details	of Injuries
Date occured:					
Date occured:					
Date occured:					
Date occured:					
Place where accident occurred: Condition of the Road: Speed of your vehicle immediate prior to impact: Weather conditions: Who in your opinion was at fault? Name & Number of Police Officer taking Particulars: Address of Police Station: Was any warning given by the Police that you might be prosecuted? WITNESSES (Use code to indicate whether; 1- passenger in your vehicle; 2 - an Independent witness) NAME ADDRESS Code Give a Complete Statement & Description of the Accident and provide a Sketch. Declaration: I/We declare that the above statement and information furnished by me/us or on my/our behalf are true and complete in every respect. I/We have disclosed all information in my/our possession. I/We are aware that it is a CRIMINAL offence to defraud, or attempt to defraud an insurer and that should I/we do so I/we may be prosecuted. Signature of Insured: Date:	PARTICULARS OF THE	ACCIDENT			
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Speed of your vehicle immediate prior to impact:	Place where accident occurred:				
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Signature of Driver: Date: Motor Insurance Claim Form / Page 3 of 3 • Revised April, 2020	Signature of Insured:			Date:	