



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 (\$): .....

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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./VIN: ..... Colour: .....

At the time of the accident what exactly was the vehicle being used for?  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 any person or entity have a financial interest in the vehicle?  Yes  No

If Yes, please state who? .....

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

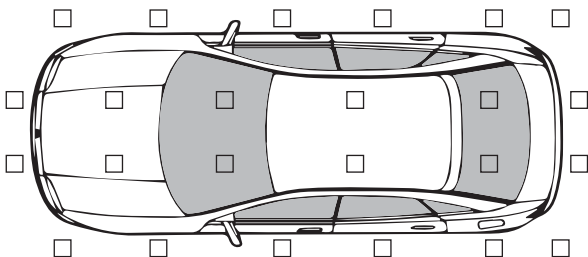
Details of Damage: .....

Was there any other property damage?  Yes  No

If yes, give details: .....

Indicate area of damage to the vehicle:

INSURED VEHICLE



THIRD PARTY VEHICLE

