



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: ..... Sum Insured (\$): ..... Excess applicable (\$): .....

Name of Insured: ..... Tel No.: .....  
Address: .....  
E-mail: ..... ID.#: .....  
Profession/Occupation: ..... VAT#: .....  
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: .....  
Profession/Occupation: ..... Tel No.: .....  
Employer's Name: ..... Class of vehicle licenced to drive: .....  
Employer's Address: ..... Driver's License No.: .....  
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  
Does the driver have any previous motor accidents?  Yes  No  
If 'Yes', give details: ..... 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: .....  
Was the driver drinking alcohol or taking drugs?  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

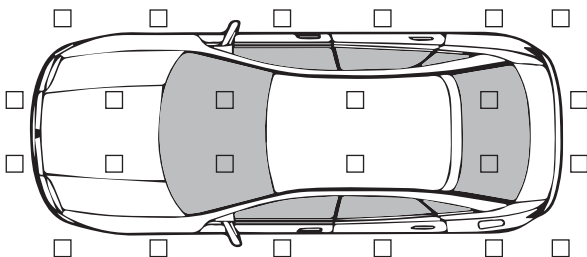
Details of Damage: .....

Was there any other property damage?  Yes  No

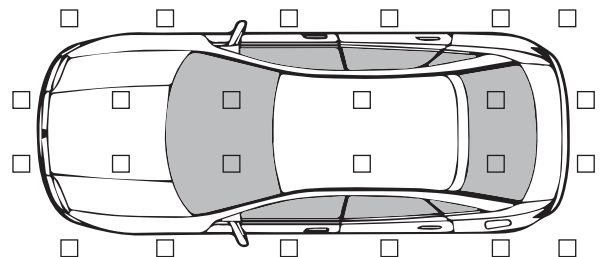
If yes, give details: .....

Indicate area of damage to the vehicle:

INSURED VEHICLE



THIRD PARTY VEHICLE



## PARTICULARS OF PERSONS INJURED

(Use code to indicate; 1- passenger in your vehicle; 2 - passenger in other vehicle; 3 - Pedestrian)

NAME	ADDRESS	Code	Details of Injuries

## PARTICULARS OF THE ACCIDENT

Date occurred: ..... Time occurred: .....  a.m /  p.m.

Place where accident occurred: .....

Condition of the Road: .....

Speed of your vehicle immediate prior to impact: .....  km/hr /  m.p.h.

Weather conditions: .....

Who in your opinion was at fault? .....

Name & Number of Police Officer taking Particulars: .....

Address of Police Station: ..... Date Reported: .....

Was any warning given by the Police that you might be prosecuted?  Yes  No

## 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.**

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**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: .....

Signature of Driver: ..... Date: .....