

# M & C General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 99, Castries  
St. Lucia, W.I.

## MOTOR VEHICLE ACCIDENT REPORT PRIVATE & CONFIDENTIAL

Policy No. \_\_\_\_\_ Claim No. \_\_\_\_\_  
Insured \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Profession/Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Telephone \_\_\_\_\_

### DRIVER'S NAME

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Profession/Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Driver's Permit No. \_\_\_\_\_ Date first issued \_\_\_\_\_ Date Renewed \_\_\_\_\_  
Class of vehicle licensed to drive \_\_\_\_\_  
Particulars of Convictions \_\_\_\_\_  
Does the driver have any physical impairment? YES ..... NO .....  
If 'YES', please describe \_\_\_\_\_  
Does the driver own a motor vehicle or motor cycle? YES ..... NO .....  
Name of Insurer \_\_\_\_\_  
Relationship of driver to Insured \_\_\_\_\_  
Upon whose authority was the driver operation the vehicle? \_\_\_\_\_  
Was the driver injured? YES ..... NO .....  
If 'YES', state nature of injuries \_\_\_\_\_  
Was the driver wearing a seat belt? YES ..... NO .....

### PARTICULARS OF INSURED VEHICLE

Vehicle Registration No. \_\_\_\_\_ Make \_\_\_\_\_ Body Type \_\_\_\_\_  
At the time of the accident, was the vehicle being used for social, domestic or pleasure purposes? YES ..... NO .....  
If for business purposes, please state whose business and what goods were carried \_\_\_\_\_  
Number of persons (excluding driver) in the vehicle \_\_\_\_\_  
Does anyone else have a financial interest in the vehicle? YES ..... NO .....  
If 'YES', whom and their interest \_\_\_\_\_  
Is the damage to the vehicle:- Severe ..... Slight ..... Front end ..... Rear end .....  
SIDE- Left ..... Right .....  
Details of Damage \_\_\_\_\_  
Where can the vehicle be inspected? \_\_\_\_\_ Estimated cost of repairs \_\_\_\_\_  
Repairer's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Have you instructed repairs to be carried out? YES ..... NO .....

### REPAIRER'S ESTIMATE SHOULD ACCOMPANY THIS FORM

### PARTICULARS OF THIRD PARTY VEHICLE

Vehicle Registration No. \_\_\_\_\_ Make \_\_\_\_\_ Body Type \_\_\_\_\_ Colour \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Address \_\_\_\_\_  
Driver's Name \_\_\_\_\_ Address \_\_\_\_\_  
Coverage – Comprehensive ..... Third Party ..... Third Party Fire & Theft .....  
Is the damage to the Vehicle Severe ..... Slight ..... Front end ..... Rear end ..... Side – Left ..... Right .....  
Details of Damage \_\_\_\_\_  
Was there any other property damage? YES ..... NO .....



THIS SPACE FOR SKETCH

I/We declare the foregoing particulars to be true to the best of my knowledge. I hereby authorize Insurers to deal with all matters arising from this incident in their discretion and if they deem it expedient, to admit liability and/or negligence on my/our behalf in connection with any claims or legal proceedings.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature of Driver \_\_\_\_\_