



STATE INSURANCE

COMPANY LIMITED

Live in a better State of mind

Redcliffe Street P.O. Box 290 St. John's Antigua. W.I.
(268) 481-7800/1/2/3/4 • info@sicantigua.com • sicantigua.com

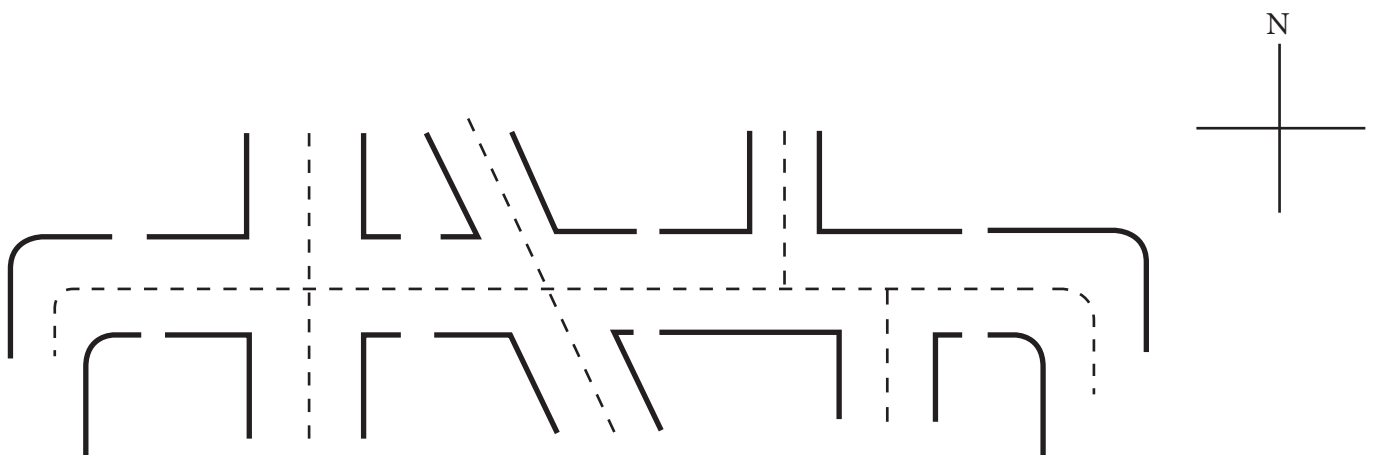
MOTOR ACCIDENT REPORT FORM

(Please answer each question fully)

INSURED	Name of Insured Claim No..... Address..... Policy No..... Occupation Period: From To..... Tel. No. WorkHome.....																			
DRIVER	Name of Driver..... Age..... Address..... Tel..... Relation to Insured : Employee Family Friend Was vehicle used with owner's permission? Driving Licence Particulars:- <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Licence Number</th> <th style="width:20%;">Date first Issued</th> <th style="width:20%;">last Renewal Date</th> <th style="width:20%;">Was it Ever Endorsed or suspended</th> <th style="width:20%;">Type of classes of Vehicles permitted to drive</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> For what purpose was the vehicle being used? Does the driver own a motor vehicle? If so, name of Insurance Company Policy No..... Policy Period: From To..... Upon whose authority was the driver operating the vehicle? To the best of your knowledge did the driver consume any intoxicating beverage or substance? Prior to accident						Licence Number	Date first Issued	last Renewal Date	Was it Ever Endorsed or suspended	Type of classes of Vehicles permitted to drive									
Licence Number	Date first Issued	last Renewal Date	Was it Ever Endorsed or suspended	Type of classes of Vehicles permitted to drive																
INSURED VEHICLE	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Reg . No</th> <th style="width:15%;">H.P or C.C</th> <th style="width:15%;">Make</th> <th style="width:15%;">Year</th> <th style="width:15%;">Chassis & Engine No.</th> <th style="width:15%;">Sum Insured</th> <th style="width:20%;">Any physical modification or alteration since submission of last proposal form</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Policy Excess						Reg . No	H.P or C.C	Make	Year	Chassis & Engine No.	Sum Insured	Any physical modification or alteration since submission of last proposal form							
Reg . No	H.P or C.C	Make	Year	Chassis & Engine No.	Sum Insured	Any physical modification or alteration since submission of last proposal form														
ACCIDENT	Date of accident 20 Houra.m./p.m. Accident Location Direction Insured's Car other car..... Speed at time of accident..... weather conditions Were particular taken by Police Officer? If so, name Address of Police Station																			
DAMAGE TO INSURED VEHICLE	Parts damaged and extent..... Where may the vehicle be seen Have you authorized repairs or and estimate to be prepared? Name of Garage..... Tel No.....																			

PARTICULARS OF OTHER VEHICLE/S	REG. No	Make	Year	Damage
Is this vehicle under Hire Purchase Agreement ?.....				
If so, state name of Finance Company Amt. \$.....				
PARTICULARS OF T.P. OWNER/ DRIVER	Name	Address	Name	Address
DETAILS OF INJURY/IES, IF ANY	Name	Age	Nature of Injury	
WITNESSES	Name.....		Address.....	
	Name.....		Address.....	
	Name.....		Address.....	
DESCRIPTION OF ACCIDENT THEFT FIRE				

Complete the following diagram showing direction & positions of automobiles or property involved, designating clearly point of contact



NOTE	any notice, communication, writ or summons received by you from a lawyer must immediately be handed over to the company at the above address
-------------	--

I / We declare the foregoing particulars given are true in every respect

.....
Signature of Driver
Other than insured

.....
Signature of Insured

Date of Report