



# STATE INSURANCE

COMPANY LIMITED

Live in a better State of mind

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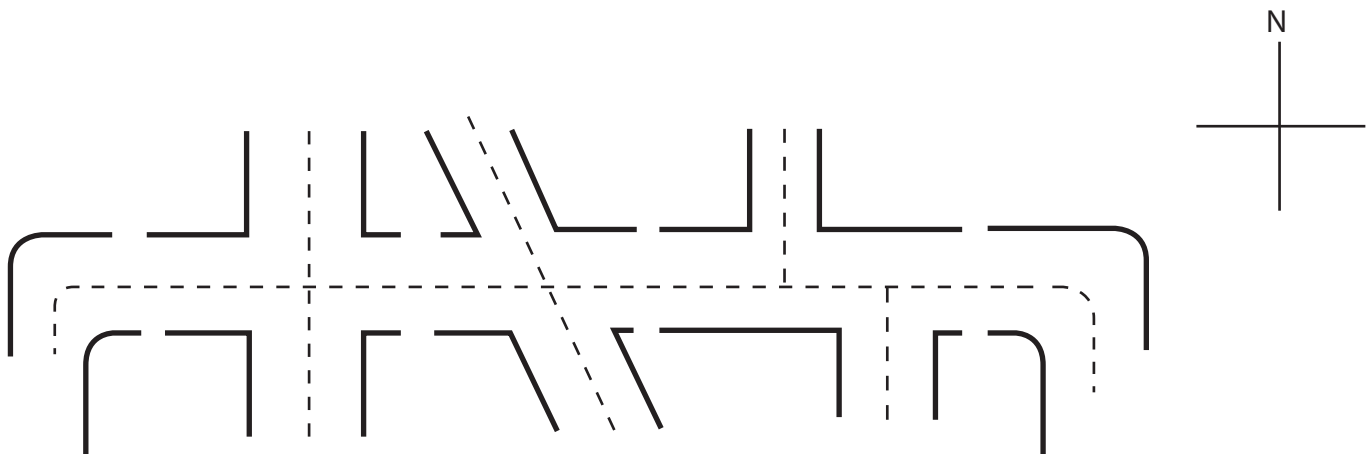
## MOTOR ACCIDENT REPORT FORM

( Please answer each question fully)

<b>INSURED</b>	Name of Insured ..... Claim No..... Address..... Policy No..... Occupation ..... Period: From ..... To..... Tel. No. Work .....Home.....																			
<b>DRIVER</b>	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; margin-top: 5px;"> <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									
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<b>INSURED VEHICLE</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:12.5%;">Reg . No</th> <th style="width:12.5%;">H.P or C.C</th> <th style="width:12.5%;">Make</th> <th style="width:12.5%;">Year</th> <th style="width:12.5%;">Chassis &amp; Engine No.</th> <th style="width:12.5%;">Sum Insured</th> <th style="width:25%;">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							
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<b>ACCIDENT</b>	Date of accident ..... 20 ..... Hour .....a.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 .....																			
<b>DAMAGE TO INSURED VEHICLE</b>	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.....																			

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

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



<b>NOTE</b>	any notice, communication, writ or summons received by you from a lawyer must immediately be handed over to the company at the above address
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I / We declare the foregoing particulars given are true in every respect

.....  
Signature of Driver  
Other than insured

.....  
Signature of Insured

Date of Report .....