

Please Complete FULLY and RETURN IMMEDIATELY to the Corporation.

CLAIM No.



Insurance Corporation of Barbados Limited

NOTIFICATION OF MOTOR ACCIDENT PARTICULARS REQUIRED IN RESPECT OF ANY OCCURRENCE WHICH MAY GIVE RISE TO A CLAIM UNDER A MOTOR POLICY ISSUED BY THE INSURANCE CORPORATION OF BARBADOS LIMITED

1. Policyholder NAME Occupation
 Private Address Tel. No.
 Business or Employer's Address Tel. No.
 Policy No. Due Date Particulars of Cover
 Excess

2. Vehicle

MAKE AND MODEL	CUBIC CAPACITY	TYPE OF BODY	PRIVATE CAR	COMMERCIAL Vehicle	YEAR OF MANUFACTURE	REGISTRATION DETAILS	APPROX. VALUE AT DATE OF ACCIDENT	DATE OF PURCHASE BY POLICYHOLDER
			Seating Capacity	Carrying Capacity				

For what purpose was Vehicle being used at time of occurrence?
 If for business, please state the nature thereof
 Was Vehicle being used with knowledge and consent of Policyholder? Is Vehicle owned by Policyholder?
 If not, Is Vehicle specified in the Policy still owned by the Policyholder?
 Name and address of Hire Purchase Company (if any)

3. Driver
 Name of Person driving or in charge of Vehicle at time of occurrence
 Private Address Tel. No.
 Business Address Tel. No.
 Occupation Date of Birth Age
 Date of expiry of Driving License How long has he been licensed? Years Months
 When and to whom did he report the accident?
 Has he been involved in any accident previously? Has he been convicted of any motoring offence?
 Give full particulars of each conviction (if any)
 Has he had his Driving License endorsed or suspended? If so, when and why?
 Has he any physical infirmity, or defective vision or hearing, or lost a limb or any eye?
 Has he ever been refused any Motor Vehicle Insurance or continuance thereof by any Insurance Company or Underwriter?
 Is he in your employment? How long employed? Is he fully licensed to drive the Vehicle?
 If a friend, relative or employee of the Policyholder was driving:
 (a) Does he own a Motor Vehicle himself? (b) Name of Company Insuring

