



MOTOR ACCIDENT REPORT FORM

PLEASE SUBMIT COPY OF DRIVER'S LICENCE, MOTOR VEHICLE AND INSURANCE COVER DOCUMENTS

SECTION A: POLICYHOLDER INFORMATION

| | | | |
|---|--------------------|--|--|
| 1. Policyholder(s) First Name: | | 2. Last Name: | |
| 3. Tax Registration No (TRN)/Driver's Licence No: | | 4. Email Address: | |
| 5. Street Name & Number: | | | |
| 6. District/Town: | | 7. Parish: | |
| 8. Home Telephone: | 9. Work Telephone: | 10. Cell Number: | |
| 11a. Are you the sole owner of the vehicle: Yes/No | | 11b. If No, state name & contact of other owner: | |
| 12. Were you operating the vehicle at the time of the accident? Yes/No | | | |
| 13. Have you been convicted of a Motor Offence since insuring with JNGI? If Yes, state type and date of offence(s): | | | |
| 14. Policyholder's Next of Kin (Name, Address, and Contact No.): | | | |

SECTION B: DRIVER INFORMATION (if not the Policyholder)

| | | | |
|---|--|-----------------------------------|--------------|
| 15a. What is your connection to the Policyholder? (E.g. Insured, Employee, Brother, Mechanic etc.): | | | |
| 15b. If Employee, were you acting within the scope of your employment? Yes/No | | | |
| 16. First Name: | | 17. Last Name: | |
| 18. Tax Registration No (TRN)/Driver's Licence No: | | 19. Date of Birth: Day: | Month: Year: |
| 20. Street Name & Number: | | | |
| 21. District/Town: | | 22. Parish: | |
| 24. Home Telephone: | | 25. Work Telephone: | |
| 27. Name of Employer (If Self-employed, state nature of business): | | 28. Occupation: | |
| 29. Have you ever been convicted of a Motor Offence? If Yes, state type and date of offence(s): | | | |
| 30a. Do you own a vehicle? Yes/No | | 30b. If Yes, where is it insured? | |
| 31. Driver's Next of Kin (Name, Address, and Contact No.): | | | |

SECTION C: INSURED VEHICLE DETAILS & USE

| | | | |
|---|--------------------------------|--|--|
| 32. Year: | 33. Make (e.g. Honda, Toyota): | 34. Model/Type (e.g. Civic, Corolla): | |
| 35. Registration Number: | | 36. Chassis Number: | |
| 37. If Mortgage/Hire Purchase Agreement, name company: | | 38. If Premium is Financed, name company: | |
| 39. Was the vehicle being used with the Insured's consent? Yes/No | | 40. What was the vehicle being used for? | |
| 41. Number of persons in the vehicle (including the driver)? | | 42. Were the passengers fare paying? Yes/No | |
| 43a. Were trailers attached to vehicle? Yes/No | | 43b. If yes, describe load and weight (e.g. boat): | |

SECTION D: ACCIDENT DETAILS

| | | | |
|--|-----------------------|--|---|
| 44. Date of Accident: Day: Month: Year: | | 45. Time of Accident: am/pm | |
| 46. Street Name & Number of Accident Location: | | | |
| 47. District/Town of Accident: | | 48. Parish of Accident: | |
| 49. Total number of vehicles involved in the accident (including Insured's vehicle)? | | | |
| 50a. Was the JAA called to the accident scene? Yes/No | | 50b. If not, why? | |
| 51. Was the Accident reported to the Police? Yes/No | 52. Police Station: | 53. Name Police Officer: | 54. Customer Reference No. (Police Report): |
| 55a. Were charges/warning issued? Yes/No | 55b. If yes, to whom? | 55c. For what violation? | |
| 56. Were you under the influence of alcohol or other substance at the time of the accident? Yes/No | | | |
| 57. Did the other Driver appear to be under the influence of alcohol or other substance? Yes/No | | | |
| 58. Was the other Driver using a cellular phone at the time of the accident? Yes/No | | | |
| 59. Did the other Driver say that they would be making a claim? Yes/No | | | |
| 60a. Did you or the other party sign an admission of liability? Yes/No | | 60b. If yes, who signed the admission? | |

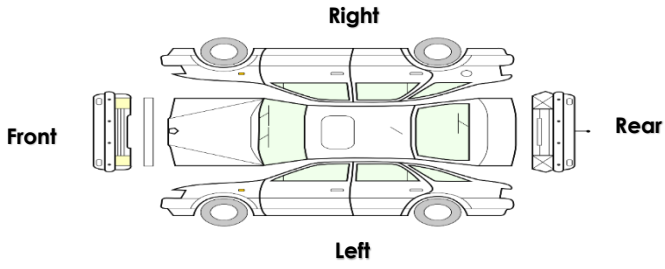
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61. Describe the condition of road surface: e.g. Smooth; Asphalt; Pothole; Other.

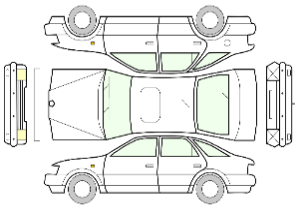
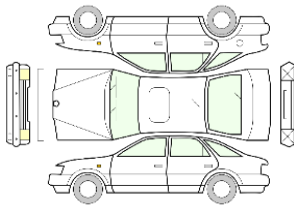
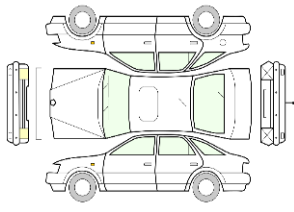
62. Describe the weather: e.g. Sunny; Rainy; Foggy; Other:

| 63. Particulars | Please indicate your answer in the box that applies | | | |
|--|---|---------------------|---------------------|---------------------|
| | Insured Vehicle | Third Party Veh. #1 | Third Party Veh. #2 | Third Party Veh. #3 |
| a. Direction of Travel (e.g. North, South, East, West) | | | | |
| b. On which side of the road | | | | |
| c. Speed before accident | | | | |
| d. Speed immediately after accident | | | | |
| e. Lights on, off, dim, bright | | | | |
| f. Was horn sounded (Yes/No) | | | | |

SECTION E: DAMAGE TO INSURED VEHICLE

| | |
|---|---|
| <p>Mark the damage to the Insured's vehicle, using the image below.</p>  | 64. Briefly describe the damage to Insured's Vehicle: |
| | 65. Was the vehicle towed? Yes/No |
| | 66. If yes, by whom? |
| | 67. Address where vehicle can be inspected: |
| | 68. Name of Garage/Repairer: |
| | 69. Address of Garage/Repairer: |
| | 70. Estimate of Damage (\$): |

SECTION F: PARTICULARS/DAMAGE TO THIRD PARTY VEHICLE (use additional paper if needed)

| 71. Particulars | Third Party Vehicle #1 | Third Party Vehicle #2 | Third Party Vehicle #3 |
|---|---|--|---|
| a. Vehicle Year | | | |
| b. Vehicle Make (e.g. Honda) | | | |
| c. Vehicle Model (e.g. Civic) | | | |
| d. Vehicle Colour | | | |
| e. Vehicle Registration Number | | | |
| f. Owner's First Name | | | |
| g. Owner's Last Name | | | |
| h. Owner's Telephone Number | | | |
| i. Owner's Address | | | |
| j. Owner's TRN | | | |
| k. Driver's First Name | | | |
| l. Driver's Last Name | | | |
| m. Driver's Telephone Number | | | |
| n. Driver's Address | | | |
| o. Driver's TRN | | | |
| p. Name of Insurance Company | | | |
| q. # of persons in the vehicle incl. driver | | | |
| Highlight/Circle/Shade the damage to each vehicle (using image) |  |  |  |



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SECTION G: DETAILS OF OTHER PROPERTY *(use additional paper if needed)*

| | |
|----------------------------------|---------------------|
| 72. Owner's Name: | 73. Owner's TRN: |
| 74. Owner's Street Name & Number | |
| 75. Owner's Town/District | 76. Owner's Parish: |

SECTION H: PARTICULARS OF PASSENGERS & OTHER WITNESSES *(use additional paper if needed)*

| 77. PARTICULARS | Please indicate your answer in the box that applies | | | |
|------------------|---|---------------------|------------|---------|
| | Insured Vehicle | Third Party Vehicle | Pedestrian | Witness |
| a. Name: | | | | |
| b. Address: | | | | |
| c. Telephone No: | | | | |

SECTION I: INJURIES *(use additional paper if needed)*

| 78. PARTICULARS | Please indicate your answer in the box that applies | | |
|-------------------|---|---------------------|------------|
| | Insured Vehicle | Third Party Vehicle | Pedestrian |
| a. Name: | | | |
| b. Address: | | | |
| c. Telephone No.: | | | |

SECTION J: STATEMENT *(use additional paper if needed)*

The driver should state fully the circumstances leading up to the accident and what happened immediately afterwards.

My name is _____ and I live at _____

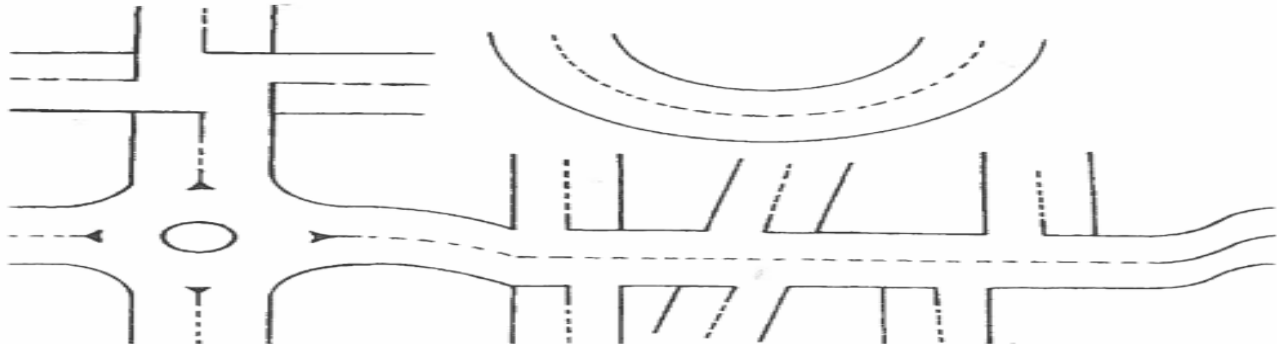
I was born on _____ (dd/mm/yyyy).



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SECTION K: DIAGRAMS

Kindly show the position of the vehicles at the time of the accident; use arrows to show the direction of travel for each vehicle.



79. Who do you think was at fault and why?

This form should be completed as accurately as possible to enable the company to properly represent you in the event suit is filed. Any Claim Form, Summons, Court documents or letter received personally or left at your residence or place of work, or contact by any Attorney, Agent or Consultant acting on behalf of any third party, must be forwarded or notified to the company immediately on receipt, without any admission of liability by you.

I/We hereby acknowledge that Insurance Companies from time to time share information about their policyholders and their insurance transactions with other insurance companies, the Police, The Island Traffic Authority and other such entities in Jamaica, and in this regard I/We hereby consent to the Insurer sharing related information about my/our insurance transactions.

I/We hereby authorise JNGI to institute court proceedings in my/our name/(s) to recover any sums paid by JNGI to me/us under my policy of insurance on account of the damage to my motor vehicle and to execute where necessary any documents required to be filed in any such court proceedings, including, but not limited to the Claim Form and the Particulars of Claim.

I/We hereby declare that the foregoing particulars given by me/us have been read over and found to be true and correct in every respect. I/We agree that if I/We have made, or in any further declaration that JN General Insurance Company Limited requires in respect of the said accident, shall make any false or fraudulent statement whether innocent or intentional or commit any act of suppression or concealment, the Policy shall be void and all rights to recover thereunder in respect of past or future accidents, shall be forfeited. I/We warrant that the above statement and particulars supplied are true and that we have not suppressed or misstated any fact. Any misstatement or suppression of facts could result in the claim being repudiated.

Insured's Signature: _____

Date: _____

Driver's Signature: _____

Date: _____

For Internal Use

Branch/Agent/Broker: _____

Policy Number: _____

Claim Number: _____