



## MOTOR ACCIDENT REPORT FORM

The report is made in the bona fide belief that litigation may ensue, and to enable the Company's representatives and Attorneys to conduct such litigation and advise in relation thereto.

**ACCURACY OF STATEMENTS:** When answering the questions on this form, you must be honest and truthful; if any false or fraudulent statement or declaration is made in support of the claim the Policy shall be rendered void and the claim forfeited. It is necessary therefore, that great care should be taken in completing this form and the information given herein should be strictly accurate, irrespective of whether it is in the Insured's favour or otherwise.

### PARTICULARS OF INSURED

Name: | TRN: |  
Home Address: | Date of Birth: |  
Contact: | Cell: | Home: |  
Email: | Occupation: | Employer: |  
Business Address: | Business #: |

### INSURANCE INFORMATION

Policy #: | Type of Policy: | Type of Cover: |  
Period of Insurance: | Insured Value: | Excess: |  
Last Valuation Value: | Restrictions: |

### VEHICLE DETAILS

Licence Plate No.: | Make: | Model: | Year: |  
Colour: | Left/Right Hand Drive: | Condition of Tyres: |  
Was there any unrepaired damage prior to the accident?: |  
Type of Road Licence (i.e Private Car, Private C.M.C., Public C.M.C or PPV): |  
Name & Address of Bank or Company with Financial Interest in the Vehicle: |

**USE OF THE VEHICLE**

State the exact purpose for which the vehicle was being used at the time of the accident: |

| Were goods being carried? |

If so, state the nature of the goods and weight |

How many persons including the driver were in the vehicle? | Were they being charged a fee? Yes No

If the vehicle was being driven by a person other than the Insured, with whose permission was it being used?

Was the vehicle being used for hire or reward? Yes No Was the Insured in the vehicle when the accident took place? Yes No

**DRIVER - IF OTHER THAN THE INSURED**

Name: | Date of Birth: |

Address: | Contact: |

Occupation: | Employer: | Driving Experience: |

Driver's Licence/Permit No.: | Date Issued: |

Which Tax Office: | Type of Licence (PVT, GEN, GEN TO INC PPV, FOREIGN COUNTRY): |

How many accident in the last 3 years? | Has the licence been endorsed? Yes No

If so, give particulars: |

What is the relationship between the driver and the Insured?: | Was the driver drinking? Yes No

Does driver own a vehicle? Yes No If so, where is it insured? |

Does the driver suffer from any physical infirmity, defective hearing or vision? Yes No

**THE ACCIDENT**

Date of Accident: | Time: | am/pm

Place: | in the vicinity of |

Condition of the Road: | Type of Surface: |

Weather: |

Who caused the accident: | Did the police investigate? Yes No Did they visit the Scene? Yes No

Police Station: | Name of Police Officer: | Badge No.: |

Were you warned for prosecution? Yes No Was the other person warned for prosecution? Yes No

Did the driver of the other vehicle seem to be under the influence of liquor? Yes No

Have you received any indication of a claim from the third party? Yes No

Did the driver of the other vehicle make any statement bearing on the accident? Yes No

Did the driver or owner sign written admission of liability? Yes No

	INSURED'S VEHICLE	THIRD PARTY #1	THIRD PARTY #2
DIRECTION OF TRAVEL			
ON WHICH SIDE OF THE ROAD			
SPEED BEFORE ACCIDENT			
SPEED AT THE TIME OF ACCIDENT			
LIGHTS (On, Off, Dim or Bright)			
WAS HORN SOUNDED			
WAS INDICATOR ON OR OFF			

**DAMAGE TO INSURED'S VEHICLE**

List damage to the vehicle:

|

What is the estimated repair cost? | Name & No. for your Repairer: |

Was a wrecker used to remove the vehicle? Yes No Name & No. of the Wrecker Co.: |

Where can the vehicle be inspected? |

**PASSENGERS IN INSURED'S VEHICLE**

NAME	ADDRESS	OCCUPATION	AGE	RELATIONSHIP TO THE INSURED

**INJURED PERSONS IN INSURED'S VEHICLE**

NAME	ADDRESS	OCCUPATION	AGE	NATURE OF INJURY/ HOSPITAL ATTENDED

**INDEPENDENT WITNESS - NOT PREVIOUSLY KNOWN TO INSURED**

NAME	ADDRESS	CONTACT NUMBER



**LEGAL PROCEEDINGS**

Please confirm your agreement to the following:

- a) You/Your driver will attend Court to give evidence regarding this accident.
- b) You are willing to have GK General's Attorneys-at-Law handle the Suit.
- c) GK General's Attorneys reserve the right to dispose of the Suit in the manner that they think is appropriate, although, they may solicit your views from time to time.
- d) You are willing if necessary to assist our process server in whatever manner possible and specifically regarding serving the Third Party.

Date: |

Insured's Signature: |

Driver's Signature: |

**STATEMENT - TO BE COMPLETED BY THE DRIVER**

State fully the circumstances of the accident and what happened after.

My name is | and I live at |

In the parish of | I was born on | I am a |

employed to | . I am the holder of a |

Which allows me to operate | . My licence was issued at |

on | . I have never been charged/convicted in connection with any traffic offences.

(Any communications that you receive about the accident should not be answered, but sent to the Company immediately)

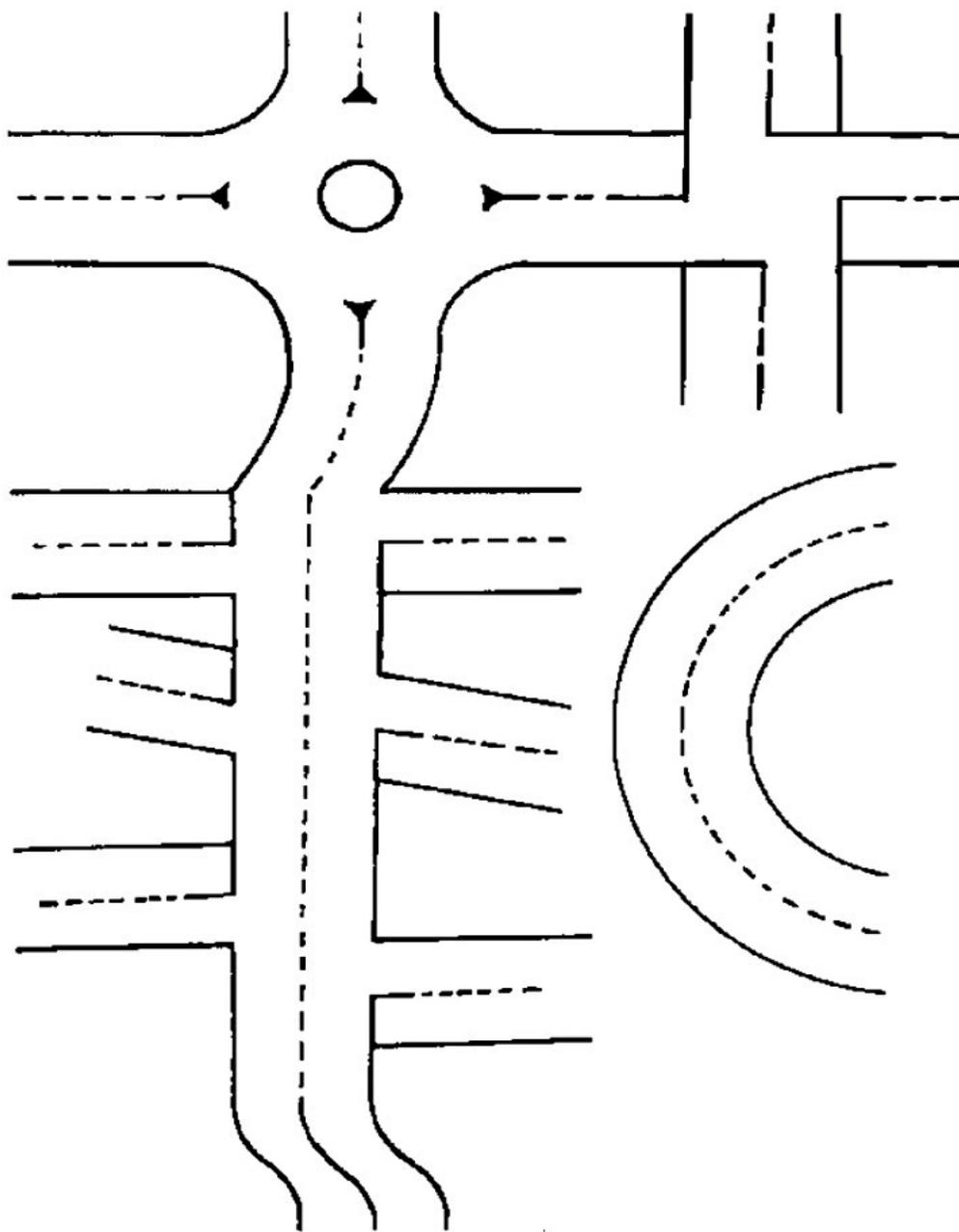
I DECLARE that these particulars are true and complete and does not contain false or exaggerated information.

Dated: |

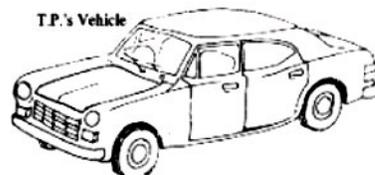
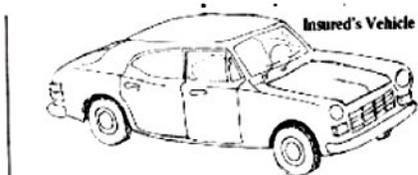
Signature of Insured: |

Signature of Driver: |

PLEASE COMPLETE APPROPRIATE DIAGRAM OVERLEAF.



PLEASE  
INDICATE  
AREA  
OF  
DAMAGE



## **DATA PROTECTION**

This is an important notice which outlines how we will collect and process your personal data relating to your claim. You should read it before submitting any personal data to us.

To read our full Privacy Notice, visit <https://gk-insurance.com/wp-content/uploads/2024/04/GKGI-General-Privacy-Notice.pdf> or you can request a copy from us.

If you have any further queries about how we use your personal data, please feel free to contact us.

I/ We \_\_\_\_\_ acknowledge and confirm that:

1. I/We have read and understood the Privacy Notice provided to me/us and that I /We are duly authorized to sign this form on behalf of the Insured.
2. I/We consent to GKGI collecting and processing my/our personal data herein to fulfil its contractual obligations under the insurance policy, claim management and comply with legal and regulatory requirements.
3. Sensitive personal data particularly in relation to your medical information, claim history and/or criminal history will be collected herein and I/we acknowledge that the said sensitive personal data collected will be subject to further processing in connection with our insurance claim.
4. To verify the answers provided by me/us in this claim form, GKGI will be sharing and or seeking information from third parties including but not limited to other insurers, claim service providers, finance companies, databases and/or other regulatory or law enforcement bodies.
5. I/We will be conducting business with GKGI electronically which includes but is not limited to receiving updates, sending and receiving all documents, communications, notices and all other correspondence electronically .

## **MARKETING**

We would like to send to you, from time to time, information about our other insurance products and services, exclusive offers, promotions, discounts and new products or services. We may also share your personal data with the other subsidiaries with the GraceKennedy Financial Group or GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or its subsidiaries and any other entity that may become part of the GraceKennedy Group.

Please tick the box(es) below to confirm:

- I/We consent to the sharing of relevant personal data with other companies in the GraceKennedy Financial Group or parent company GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or their subsidiaries and any other entity/ies that may become part of the GraceKennedy Group.
- I/We consent to GKGI or other companies within the GraceKennedy Financial Group and GraceKennedy Group contacting me/us directly regarding any special offers, discounts, new and existing product offerings and bundles that may be of interest to me/us.

I would like to receive that information by (tick all that apply):

- email
- text message
- phone
- post

I/We also understand that I/we may withdraw my/our consent in writing at any time and if I/we choose to withdraw my/our consent, my/our benefits with GKG I would not be affected.

- ® I / We declare that the information given in this form is true and correct to the best of my / our knowledge/belief.
- ® I / We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

\_\_\_\_\_  
INSURED'S SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

\_\_\_\_\_  
INSURED'S SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)