



**GK GENERAL INSURANCE COMPANY LIMITED**

New Kingston Knutsford Boulevard | Liguanea 124 Hope Road | Mandeville Midway Mall | Montego Bay Fairview Shopping Ctr. | Portmore Portmore Town Ctr.  
Toll Free: 1-888-429-5GKG (429-5454) | Fax: 876-968-1920 | Email: gkginfo@gkco.com | Website: www.gkgeneral.com

**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 \_\_\_\_\_ (c) \_\_\_\_\_ (H) Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_ Business No. \_\_\_\_\_

**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? \_\_\_\_\_  
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? \_\_\_\_\_ Was the Insured in the vehicle when the accident took place? \_\_\_\_\_

### 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, FOREIGN COUNTRY) \_\_\_\_\_ How many accident in the last 3 years? \_\_\_\_\_  
Has the licence been endorsed? \_\_\_\_\_ If so, give particulars \_\_\_\_\_  
What is the relationship between the driver and the Insured? \_\_\_\_\_ Was he driver drinking? \_\_\_\_\_  
Does driver own a vehicle? \_\_\_\_\_ If so, where is it insured? \_\_\_\_\_  
Does the driver suffer from any physical infirmity, defective hearing or vision? \_\_\_\_\_

### 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? \_\_\_\_\_ Did they visit the Scene? \_\_\_\_\_  
Police Station \_\_\_\_\_ Name of Police Officer \_\_\_\_\_ Badge No. \_\_\_\_\_  
Were you warned for prosecution? \_\_\_\_\_ Was the other person warned for prosecution? \_\_\_\_\_  
Did the driver of the other vehicle seem to be under the influence of liquor? \_\_\_\_\_  
Have you received any indication of a claim from the third party? \_\_\_\_\_  
Did the driver of the other vehicle make any statement bearing on the accident? \_\_\_\_\_  
Did the driver or owner sign written admission of liability? \_\_\_\_\_

	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? \_\_\_\_\_ Name & No. of the Wrecker Co. \_\_\_\_\_

Where can the vehicle be inspected? \_\_\_\_\_

**PASSENGERS IN INSURED'S VEHICLE**

NAME	ADDRESS	OCCUPATION	AGE	RELATIOONSHIP 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

**THIRD PARTIES INFORMATION**

**IF PEDESTRIAN OR CYCLIST PLEASE STATE:**

- a) Name and Address \_\_\_\_\_ Contact No. \_\_\_\_\_
- b) Nature of Injury if any \_\_\_\_\_
- c) Damage to cycle \_\_\_\_\_

**VEHICLE DETAILS**

- a) Owner's Name and Address \_\_\_\_\_ Contact No. \_\_\_\_\_
- b) Driver's Name & Address \_\_\_\_\_ Driver's Licence No. \_\_\_\_\_
- c) Licence Plate No. \_\_\_\_\_ Year \_\_\_\_\_ Type of Vehicle \_\_\_\_\_ Colour \_\_\_\_\_
- d) How many passengers were in the vehicle? \_\_\_\_\_ How many were injured? \_\_\_\_\_
- e) Insurance Company \_\_\_\_\_ Nature of Damage \_\_\_\_\_ Estimated Cost of Repairs \_\_\_\_\_

**VEHICLE DETAILS**

- a) Owner's Name and Address \_\_\_\_\_ Contact No. \_\_\_\_\_
- b) Driver's Name & Address \_\_\_\_\_ Driver's Licence No. \_\_\_\_\_
- c) Licence Plate No. \_\_\_\_\_ Year \_\_\_\_\_ Type of Vehicle \_\_\_\_\_ Colour \_\_\_\_\_
- d) How many passengers were in the vehicle? \_\_\_\_\_ How many injured? \_\_\_\_\_
- e) Insurance Company \_\_\_\_\_ Nature of Damage \_\_\_\_\_ Estimated Cost of Repairs \_\_\_\_\_

**THIRD PARTY INJURY DETAILS**

INJURED PERSON'S NAME	ADDRESS	OCCUPATION	AGE	INJURY & TREATMENT

**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 he 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.

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

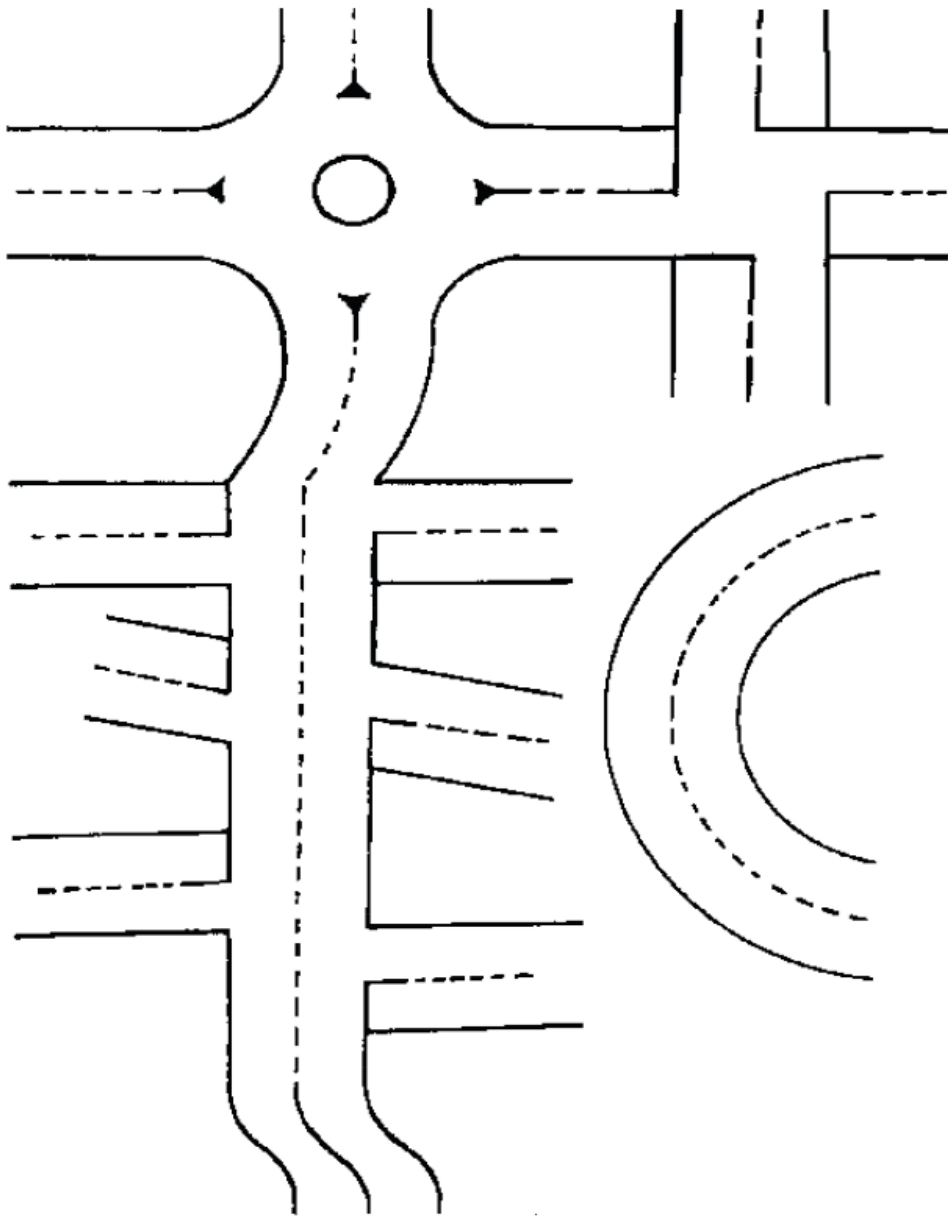
**I DECLARE** that these particulars are true and complete and does not contain false or exaggerated information.



Dated \_\_\_\_\_

Signature of Insured \_\_\_\_\_

Signature of Driver \_\_\_\_\_

**PLEASE COMPLETE APPROPRIATE DIAGRAM OVERLEAF.**



	<p style="text-align: center;">Insured's Vehicle</p> 	<p style="text-align: center;">T.P.'s Vehicle</p> 
<p>PLEASE INDICATE AREA OF DAMAGE</p>	