



EQUITY INSURANCE COMPANY LIMITED

"Briarfield," Lower Collymore Rock, St. Michael BB11115, Barbados, West Indies

Tel: (246) 429-2920 Fax: (246) 429-2957

AGENTS AND MANAGERS FOR: FIRST EQUAL INSURANCE CO. LTD.

MOTOR VEHICLE ACCIDENT REPORT FORM

Company:		Claim No:	
THE INSURED			
Name:		Mobile No:	
Home Address:		Tel. No:	
Business Address:		Tel. No:	
Occupation:	Date of Birth:	ID No:	
THE POLICY			
Policy No:	Renewal Date:	Excess applicable:	
Coverage:	Insured Value:		
Is premium paid? Yes No If not, why not?			
THE INSURED VEHICLE			
Reg. No:	Year	c.c.	Eng. No:
Make & Model:	Colour:	Chassis No:	
Is Vehicle: Left Hand Drive?	Van?	Motorcycle?	Truck? Special Licence?
Exactly what was the vehicle being used for?			
Name of owner of vehicle:			
Was the vehicle being used with owner's consent? Yes No			
Specify any mortgage/ hire purchase agreement on your vehicle:			
How many passengers were being carried?		Were they fare paying? Yes No	
If goods were being carried state: a) Owner			
b) Description			
THE DRIVER			
Name:	Sex: Male Female	Mobile No:	
Home Address:		Tel. No:	
Business Address:		Tel. No:	
Occupation:	Date of Birth:	ID No:	
Is the Driver employed by you? Yes No		State year licence originally passed:	
Driver's Licence No:		Date of Issue:	
Type of Licence:		Date of Expiry:	
What is the relationship of the Driver to the policy holder?			
Has the Driver any motoring convictions/ offences or licence endorsements/ suspensions? Yes No (Give details)			
Has the Driver had any previous accidents? Yes No (Give Details)			
Has the Driver ever been refused any type of insurance? Yes No			
Had the Driver been drinking alcohol/ taking drugs? Yes No			
Does the Driver own a vehicle? Yes No		If yes, where is it insured?	
Has the Driver any physical infirmity or defective vision or hearing, or lost a limb or an eye? Yes No If yes, what?			



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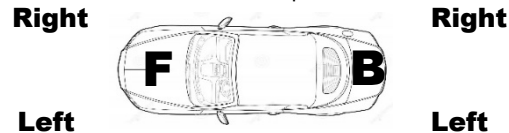
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THE ACCIDENT OR LOSS

Date:	Time:	Place:
Did the Police go to the scene? Yes No	Were measurements taken? Yes No	
Policeman's Name/No:	Police Station to which reported:	
Was either party warned for prosecution? Yes No	(If so, whom?)	
Was the road surface: Paved? Unpaved?		
Condition of Road: Dry Sprinkled Wet	Weather Conditions: Sunny Rainy	
What was your speed a) before accident? b) at the time of accident?		
Were your lights turned on? Yes No	Did you or could you give any warning signal? Yes No	
Whom do you consider responsible for the accident?		

DAMAGE TO THE INSURED VEHICLE

State damage to vehicle: (and indicate on drawing)
Indicate Point of Impact with a



Will you be claiming for your vehicle repairs? Yes No
Where can the vehicle be inspected? Is the vehicle still in use? Yes No
Have you obtained an estimate for repairs? Yes No (If yes, please provide copy)

PERSONS CONNECTED WITH THE ACCIDENT (AND PERSONAL INJURY)

Please provide the following information for all passengers in your vehicle:

Name	Address	Tel. No	Age	Nature of injuries	Where treated

Please provide the following information for other persons injured or other witnesses to the accident:

Name	Address	Tel. No	Age	Nature of injuries	Where treated	Driver/ Passenger/ Pedestrian etc?



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OTHER VEHICLE OR PROPERTY CONNECTED WITH THE ACCIDENT			
Particulars	Vehicle 1	Vehicle 2	Vehicle 3
Reg. No:			
Make & Model:			
Name of Owner:			
Address:			
Tel. No:			
Name of Insurer:			
Driver's Name:			
I.D. No:			
Address:			
Occupation:			
Tel. No:			
Name of Insurer:			
Description of Damage:			
Details of Damage to other Property:			

ALL COMMUNICATIONS RECEIVED FROM OR ON BEHALF OF ANY CLAIMANT MUST BE FORWARDED TO US IMMEDIATELY

I/We hereby declare that the foregoing particulars by me/us are true in every respect:

Driver's Signature:

I.D. No:

Date:

Insured's Signature:

I.D. No:

Date:



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STATEMENT (to be completed by Driver)

Give Details of the accident or loss as it occurred (in all cases of theft of vehicle, please advise Engine No., colour of vehicle, special features and date/ time when notified to Police):
