



# INSURANCE COMPANY (BARBADOS) LIMITED

Suite 8, Dome Mall, Warrens, St. Michael BB22026  
Telephone: 246-538-2200  
Email: infobb@genac.com

## MOTOR ACCIDENT REPORT FORM

*PLEASE PRINT CLEARLY, ANSWER ALL QUESTIONS AND PLEASE SUBMIT A COPY OF THE GOVERNMENT ID OF THE PERSON WITNESSING THIS FORM*

It is necessary to carefully complete the form and the information provided herein should be strictly accurate, irrespective of whether or not it is in the Insured's favour.

### INSURED'S INFORMATION

Name _____	Occupation _____
Home Address _____	Tel No. _____
Business Address _____	Tel No. _____
Email Address _____	

### PARTICULARS OF INSURANCE

Policy No. _____	Type of Policy _____	Renewal Date _____
Name of any Bank or Financial Institution with a financial interest in the vehicle _____		
Name of any other individual with a financial interest in the vehicle _____		
Type of Road Licence: Private, Private CMC, Public CMC or PPV _____		

### PARTICULARS OF VEHICLE

Licence Plate No. _____	Year of Vehicle _____	Make and Model _____
Colour _____	Indicate any unrepaired damage to vehicle _____	
Condition of the tyres _____	What was the vehicle being used for? _____	
Were goods being carried? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state _____		
Number of persons in vehicle (including the driver) _____ Were they charged a fee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the vehicle was not being driven by the insured, with who's authority was it being used? _____		
What is the relationship between the policyholder and the driver? _____		
Was the policyholder in the vehicle at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### PARTICULARS OF PERSON DRIVING

Driver's Name _____	Occupation _____	
Driver's Address _____	Tel No. _____	
Driver's Licence No. _____	Original Issue Date _____	At which tax office? _____
Type of Road Licence: Private, Private CMC, Public CMC or PPV _____		
Licenced to drive _____		
Date of Birth _____	Is the driver employed to the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details, below: _____	
How many accidents have you been involved in? _____ Give details below: _____		
Were you wearing a seatbelt? <input type="checkbox"/> Yes <input type="checkbox"/> No For motorcycles only: Were you wearing a helmet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you using a cellular phone at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you suffered from Diabetes Fits or Heart Complaint or have any physical or mental infirmity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details below: _____		
Has any Insurance Company refused or declined to continue any motor insurance for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**PARTICULARS OF ACCIDENT**

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_  
 Location of Accident \_\_\_\_\_ Was it reported to the police?  Yes  No  
 Police Station \_\_\_\_\_ Name of Officer \_\_\_\_\_ Badge No. \_\_\_\_\_  
 Were you warned for prosecution?  Yes  No Was the other driver warned for prosecution?  Yes  No  
 What was the weather condition like? \_\_\_\_\_  
 Was the pavement wet?  Yes  No Was visibility good? \_\_\_\_\_  
 Who do you think was at fault and why? \_\_\_\_\_  
 Did the other driver say he/she would be making a claim?  Yes  No Are you making a claim?  Yes  No  
 Were pictures taken on the scene of the accident?  Yes  No If yes, kindly submit the images.

**PARTICULARS OF DAMAGE TO OWN VEHICLE**

	Insured's Vehicle	Third Party 1	Third Party 2
Direction of travel			
On which side of the road			
Speed before accident (km/h)			
Speed after accident (km/h)			
Light (on/off, dim/bright)			
Was horn sounded?			
Was indicator on or off?			

**IN ALL CASES WHERE YOUR VEHICLE IS DAMAGED AND YOU ARE ENTITLED TO CLAIM UNDER YOUR POLICY, PLEASE SUBMIT AN ESTIMATE OF REPAIRS TO THE COMPANY WITHIN 30 DAYS OF THE ACCIDENT, AFTER WHICH YOU WILL NO LONGER BE ENTITLED TO SETTLEMENT OF YOUR CLAIM.**

Was the vehicle damaged?  Yes  No If so, state the damage: \_\_\_\_\_  
 Approximate cost of repairs \_\_\_\_\_ Where can the vehicle be inspected? \_\_\_\_\_  
 Name and Address of your repairer \_\_\_\_\_  
 Was REACT called to the scene?  Yes  No Did a wrecker move the vehicle?  Yes  No  
 Were fees paid?  Yes  No

**PARTICULARS OF PASSENGERS IN INSURED'S VEHICLE**

NAME	ADDRESS	OCCUPATION	AGE	RELATIONSHIP TO INSURED	INJURY & HOSPITAL ATTENDED

**PARTICULARS OF THIRD PARTIES INVOLVE**

**PEDESTRIAN, CYCLIST OR PROPERTY/BUILDING**

Name and address of pedestrian, cyclist, or pillion \_\_\_\_\_

Nature of injury to pedestrian, cyclist or pillion \_\_\_\_\_

If property/building involved, state owner and location \_\_\_\_\_

Damage to property/building \_\_\_\_\_

**VEHICLE #1 DETAILS**

Name and Address of owner \_\_\_\_\_ Contact No. \_\_\_\_\_

Name and Address of driver \_\_\_\_\_ Contact No. \_\_\_\_\_

Licence Plate No. \_\_\_\_\_ Year \_\_\_\_\_ Type of Vehicle \_\_\_\_\_ Colour \_\_\_\_\_

Insurance Company \_\_\_\_\_

Nature of Damage \_\_\_\_\_ Estimated Cost of Repairs \_\_\_\_\_

How many passengers (no. of males/females)? \_\_\_\_\_ How many were injured? \_\_\_\_\_

**VEHICLE #2 DETAILS**

Name and Address of owner \_\_\_\_\_ Contact No. \_\_\_\_\_

Name and Address of driver \_\_\_\_\_ Contact No. \_\_\_\_\_

Licence Plate No. \_\_\_\_\_ Year \_\_\_\_\_ Type of Vehicle \_\_\_\_\_ Colour \_\_\_\_\_

Insurance Company \_\_\_\_\_

Nature of Damage \_\_\_\_\_ Estimated Cost of Repairs \_\_\_\_\_

How many passengers (no. of males/females)? \_\_\_\_\_ How many were injured? \_\_\_\_\_

**INDEPENDENT WITNESS – NOT PREVIOUSLY KNOWN TO THE INSURED OR TRAVELLING  
IN THE INSURED’S VEHICLE**

NAME	ADDRESS	CONTACT NO.

**DID THE DRIVER OR THE OWNER SIGN A WRITTEN ADMISSION OF LIABILITY?       YES     NO**  
**IF YES, PLEASE ATTACH.**

**LEGAL PROCEEDINGS: Please confirm your agreement with the following:-**

- (1) You and/or your driver will co-operate with any investigation surrounding this incident.
- (2) Your driver, if required, will attend court to give evidence regarding the accident.
- (3) You are willing to have General Accident's appointed Attorney-at-Law handle the Suit.
- (4) General Accident's Attorney-at-Law reserves the right to dispose of the Suit in the manner that they think appropriate, although they may solicit your comment or opinion from time-to-time.
- (5) You are willing, if necessary, to assist our Process Server in whatever manner possible and specifically with regards to serving of documents to the Third Party.

Date \_\_\_\_\_ Insured's Signature \_\_\_\_\_ Driver's Signature \_\_\_\_\_

**STATEMENT- MUST BE COMPLETED BY DRIVER**

State fully the particulars or circumstances leading to 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 \_\_\_\_\_ Driver's Licence which was issued on \_\_\_\_\_ and allows me to operate

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Every letter, claim, summons and process shall be notified and forwarded to the Company immediately on receipt without any admission of liability by you.

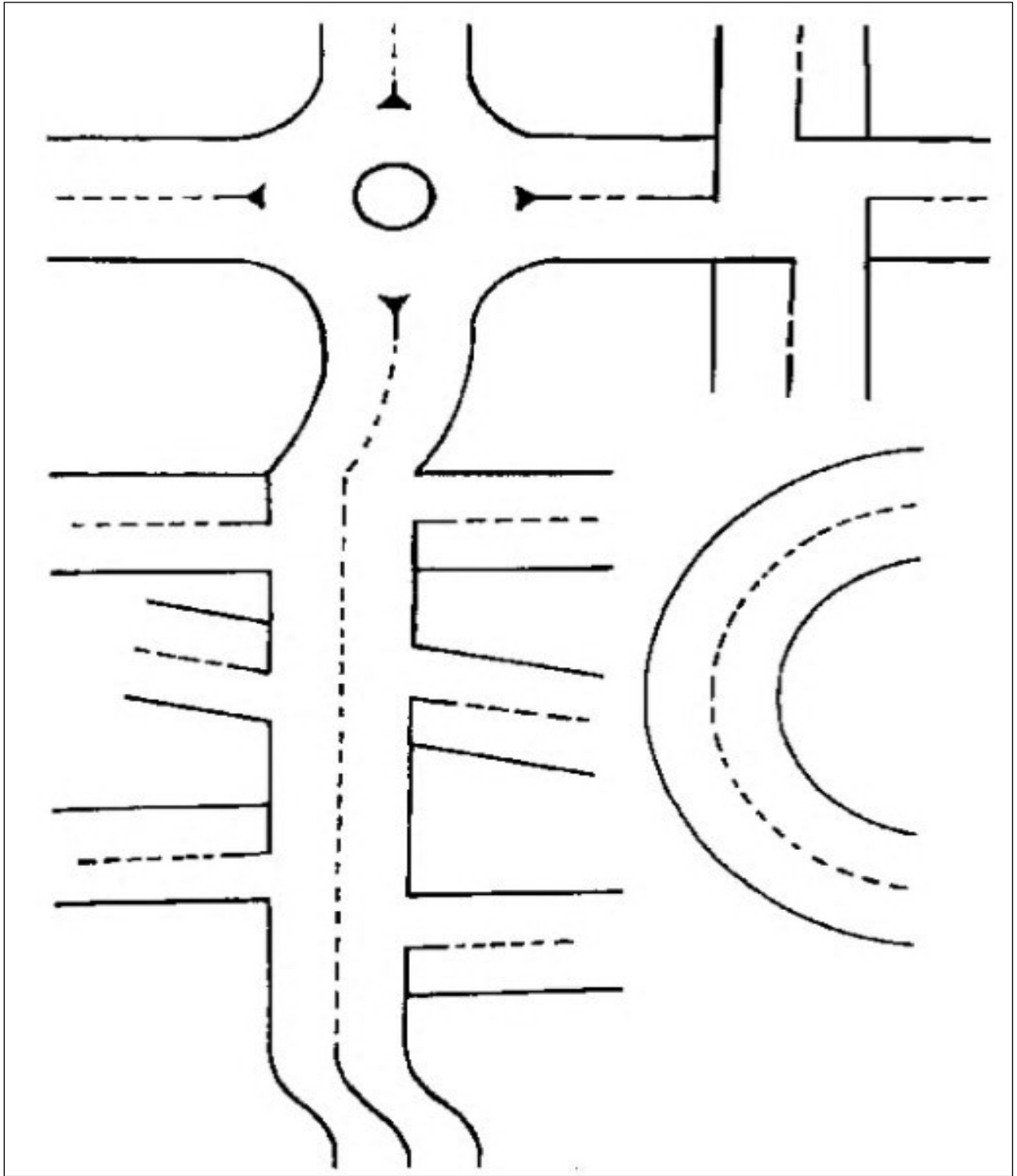
I/We hereby declare that the foregoing particulars given by me/us have been read over and found to be true and correct in every respect, and I/We agreed that if I/We have made, or in any further declaration the Company may require in respect of the said accident shall make, any false or fraudulent statement, or if found guilty of any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Name \_\_\_\_\_ Date \_\_\_\_\_

Witness TRN \_\_\_\_\_ Signature \_\_\_\_\_



Please indicate damage to your vehicle, as well as to the Third Party's vehicle below

