



INSURANCE COMPANY (JAMAICA) LIMITED

58 Half Way Tree Road
 P.O. Box 631, Kingston 10, Jamaica
 Telephone: 929-8450-1/4, 929-9643-8, Fax No.: 929-2376, 929-6764
 E-mail: info@genac.com Website: www.genac.com

STOLEN MOTOR REPORT FORM

PRINT CLEARLY AND ANSWER ALL QUESTIONS

INSURED'S INFORMATION

| | | | |
|------------------|--|----------------|--|
| Name | | Occupation | |
| Home Address | | Telephone No. | |
| Business Address | | Telephone No. | |
| Business Fax | | E-mail Address | |

PARTICULARS OF INSURANCE

| | | | |
|--|--|-----------------------------------|--|
| Policy No. or Certificate No. | | Renewal Date | |
| Type of Cover | | Sum Insured | |
| Condition of Tyres | | Was there any un-repaired damage? | |
| Name & Address of any Bank or Company with financial interest in the vehicle | | | |
| Type of Road Licence, whether Private, Private CMC, Public CMC or PPV | | | |

PARTICULARS OF VEHICLE & USE

| | | | |
|--|------------------------------|-----------------------------|---|
| Licence Plate No. | | Make & Model | |
| Year of Make | | Colour | |
| State fully the purpose for which the vehicle was being used prior to the time of the theft | | | |
| | | | |
| Were goods in the vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If so, state the nature of the goods and the weight of the load below |
| | | | |
| If the vehicle prior to theft was driven by a person other than the Insured, by whose authority was it being used? | | | |
| | | | |
| What is the relationship of the driver to the Policyholder? | | | |

PARTICULARS OF LAST PERSON TO DRIVE VEHICLE PRIOR TO THEFT

| | | | |
|---|------------------------------|--|--|
| Driver's Name | | Occupation | |
| Driver's Address | | Telephone No. | |
| Driver's Licence No. | | Original Date Licence Issued | At Which Tax Office? |
| Type Of Road Licence, whether Private, Private CMC, Public CMC or PPV | | Licenced to drive | |
| Have you ever been convicted of any motor vehicle offence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If so, please give details below |
| | | | |
| Date of birth | | Is the driver employed by the Insured | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long? |
| Has the driver been involved in any accident(s) in the past three years? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, give details of each accident below |
| | | | |
| Was the vehicle fitted with any anti-theft device(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state below | | | |
| | | | |

