



INSURANCE CORPORATION OF BELIZE LIMITED

Claim No.	Policy No.	Period Of Coverage:	Agent
A. INSURED			
Name:		Telephone No.	
Address:			
Occupation (if more than one state all)			

B. DRIVER

Name: _____ Telephone No: _____
 Address: _____ Date of Birth: _____
 Driving License Expiry Date: _____ Class: _____ Lic. No. _____
 Dates and details of all Police convictions with any motor car, motor cycle, or other motor vehicle:

If the driver was not Insured Was he acting with the Insured's knowledge and consent? Yes No
 Was he in the Insured's employment? Yes No If so, state how long employed _____
 Is he insured in his own name in respect of any other motor vehicle? Yes No
 If so, give name and address of Insurers:

C. INSURED VEHILCE:			
Make	Year	Cyls	Registration of License plate #/ V.I.N.

Is vehicle owned by Insured? Yes No If not, Who is the owner? _____
 Precise purpose of use: _____ Total Number of Occupants: _____
 Were goods or samples being carried? Yes No If so, state whether for own trade or delivery Yes No
 If a commercial vehicle state [a] class of license _____ [b] carrying capacity _____
 Was a trailer attached Yes No If so, give carrying capacity _____
 Particulars of damage to own vehicle: _____
 Where can damages be inspected? _____
 Have repairs been put in hand? Yes No Repairer's name & address _____
 _____ Telephone No _____

D. ACCIDENT

Date: _____ Time: _____ a.m. / p.m.
 Place of accident: _____ Own speed: _____ m.p.h.
 Width of road: _____ Speed Limit: _____ Visibility: _____
 Condition of road: _____ Weather Conditions: _____
 How far from the nearside of the road was [a] insured's vehicle _____ [b] other vehicle _____
 Did the police take particulars? Yes No Name and/or number of Police Officer _____
 _____ Police Station: _____
 Whom do you consider was responsible for the accident: _____
 A Police Report will/will not be needed.

E. PARTICULARS OF ALL PARTIES INVOLVED

Name: _____

Address: _____

(Use extra paper if necessary)

Damages to other Vehicle: _____

F. WITNESSES NAMES AND ADDRESSES (It is very important that these details are furnished)

Passengers (if the vehicle is a motor cycle, state whether on pillion or in a sidecar)

(a) In Insured's vehicle, stating whether friends, or relatives or employees

WITNESSES

INDEPENDENT

(b) In other Vehicle _____

FULL DESCRIPTION OF ACCIDENT (including details of warnings and signals given by all parties)

SKETCH PLAN. Please show the position on the road of vehicles at the point of impact and indicate direction and track immediately before accident. If possible, please indicate road signs including pedestrian crossings, relative importance of roads, and direction of nearest towns.

NOTE: Any correspondence or Notices of prosecution or other proceedings must be forwarded immediately. I/We declare the foregoing particulars to be true and I/We hereby authorize my/our Insurers and/or their legal advisors to deal with all matters arising from this statement in their discretion.

Date: _____

Signature of Insured: _____
(If a Limited Company, give Status of Signatory)