



INSURANCE CORPORATION OF BELIZE LIMITED

P.O. Box 519, #16 Daly Street, Belize City, Belize Phone: 224-5328/5329 Fax: 223-2786

INSURED MOTOR ACCIDENT REPORT FORM

INSURED'S NAME & ADDRESS

Name: Date of birth:

Home Address: Phone:

Business/ Occupation: Employer:

Business Address: Phone:

PARTICULARS OF INSURANCE

Policy No.: Renewal Date: Period of Cover:

Type of Cover: Is there any other policy in force covering this vehicle?

State whether or not a Valuation/ Inspection was done at renewal/inception. If yes, by whom?

PARTICULARS OF VEHICLE

Year: Make: Model/ Type:Registration No:.....

Colour: Current Mileage: Was there any unrepaired damage?

If so, give details:

Type of Road License: i.e. whether Private, Taxi, Trailer, Motor Cycle, Goods, etc.....

Name and Address of any Bank or Company financially interested in the vehicle:.....

PARTICULARS OF USE

State specific the purpose for which the vehicle was being used at the time of the accident. (Be specific):

Were goods being carried?:

If so, state the nature of the goods and weight of the load:

How many persons including the driver were in the vehicle? Were they charged a fee to be transported?.....

If the vehicle was being driven by a person other than the Insured, with whose authority was it being used?

What is the relationship of the driver with the Policyholder?

Was the Policyholder in the vehicle when the accident took place?.....

PARTICULARS OF PERSON DRIVING

Driver's Name: Date of birth:

Address: Phone:

Occupation (Specify): Employer/ Business:

Driver's License No:Date issued: Type of License:

PARTICULARS OF THIRD PARTIES

If any pedestrian, cyclist or property involved state:

- (a) Name and address
- (b) Nature of injury, if any.....
- (c) Damage to cycle.....
- (d) Damage to property.....

If other vehicles were involved state:-

1. Registration No..... Type of vehicle.....
- Owner's name and address.....
- Driver's name and address.....
- Insurance Company.....Nature of damage.....
- Approximate cost of repair \$.....
- How many passengers were in the vehicle?
- Were the persons in the vehicle injured?

2. Registration No..... Type of vehicle.....
- Owner's name and address.....
- Driver's name and address.....
- Insurance Company..... Nature of damage.....
- Approximate cost of repair \$.....
- How many passengers were in the vehicle?
- Were the persons in the vehicle injured?

NAMES & ADDRESS OF WITNESSES, STATE WHERE THEY WERE WHEN THE ACCIDENT OCCURRED.	Give names and addresses of persons (other than passengers) who witnessed accident:

DID THE DRIVER OR OWNER SIGN A WRITTEN ADMISSION OF LIABILITY? Yes No

