



INSURANCE CORPORATION OF BELIZE LIMITED

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

CLAIMANT MOTOR ACCIDENT REPORT FORM

PARTICULARS OF ACCIDENT

Date of accident: _____ Time: _____ A.M/P.M.

Place where the accident occurred _____

Was the accident reported to the Police? _____ If so, please state?

Date reported: _____ Time: _____ A.M/P.M.

(a) Whether they attended the scene: _____

(b) Address of Police Station _____

(c) Name and Number of Investigating Officer: _____

(d) Were you warned for prosecution? _____

(e) Was the other Driver warned for prosecution? _____

Approximate speed of vehicle at time of accident: _____ M.P.H.

What Lamps were lit on the vehicle? _____

Was the visibility good? _____

Was the pavement wet? _____

Do you think you were at fault in this accident? Yes No

Were you wearing your seatbelt Yes No

PARTICULARS OF DAMAGE/NATURE TO CLAIMANT'S PROPERTY/INJURY

Name: Date of birth:

Home Address: Phone:

Business/ Occupation: Employer:

Business Address: Phone:

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 vehicle was involved state:

Registration No _____ Type of vehicle _____

Owner's name and address _____

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

Driver's name and address _____

Insurance Company _____ Nature of damage _____

Approximate cost of repair \$ _____

Where is the vehicle now? _____

Who are the repairers? _____

How many passengers were in the vehicle? _____

Were the persons in the vehicle injured? _____

(IN ALL CASES WHERE YOUR PROPERTY IS DAMAGED OR PERSONAL INJURY AND YOU ARE ENTITLED TO PURSUE A CLAIM UNDER THE POLICY, PLEASE SEND AT ONCE TO THE COMPANY AN ESTIMATE OF REPAIRS, MEDICAL REPORTS AND MEDICAL EXPENSES.)

PARTICULARS OF PASSENGERS IN CLAIMANT'S VEHICLE

| Name | Address | Occupation | Relationship with the Insured | Nature of Injury, if any and hospital attended |
|-------------|----------------|-------------------|--------------------------------------|---|
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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 _____

1. Registration No _____ Type of vehicle _____

Owner's name and address _____

Driver's name and address _____

Insurance Company _____ Nature of damage _____

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 _____

How many passengers were in the vehicle? _____

