Guardian Group
Guardian General Insurance Jamaica Limited

Kingston
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Kingston, Jamaica
t: 876 926 3720 f:929 2727

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Lot B15 Fairview II Shopping Centre
P.O Box 170, Montego Bay Jamaica, W.I
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MOTOR VEHICLE ACCIDENT REPORT FORM

The company does not admit liability by the issue of this form

TO AVOID DELAY AND INCONVENIENCE PLEASE ANSWER ALL QUESTIONS FULLY

This form may be returned to you in the event of ommissions.

1) DETAILS OF INSURED

Policy No.:

Name:

Date of Birth

Occupation:

Email Address:

Address:

Tel Nos.: (H) Mobile Office

2) DETAILS OF DRIVER

Name:

Date of Birth

Address:

How long employed

Occupation:

Place of Issue :

No. and Type of Driver's Licence:

Expiry Date of Current Licence

State the relationship of driver to Insured

E -mail Address:

Tel Nos.: (H) Mobile Office

Has driver

(a) Been convicted of any driving or motoring offence within the last 5 years of is any prosecution pending? ◯ Yes ◯ No

(b) Been involved in an accident during the last 5 years? ◯ Yes ◯ No

(c) If vehicle was driven other than by the insured, does Driver own a Motor Vehicle? ◯ Yes ◯ No

3) PARTICULARS OF USE

Was the vehicle being used on Insured's order or with permission? ◯ Yes ◯ No

State fully the purpose for which the vehicle was being used at the time of the accident

4) PARTICULARS OF MOTOR VEHICLE CONCERNED

Make of Vehicle	Type of Body	Year of Make	Reg. Letter and No.

Is there any mortgage interest on the vehicle? ◯ Yes ◯ No

5)

PARTICULARS OF DAMAGE TO INSURED'S VEHICLE

Full Details of Damage

Estimated Cost of Repairs J$

(Please submit detailed repair estimate)

Have you given any instructions as to Repairs being started? ◯ Yes ◯ No Is your vehicle still in use? ◯ Yes ◯ No

Where can the vehicle be inspected?

Was the vehicle removed by wrecker? ◯ Yes ◯ No

If 'yes' Give name of wrecker company

6)

PARTICULARS OF ACCIDENT

Date of Accident Time

Place Weather/Visibility

If after lighting time, state which of your light were lit

Estimated speed of your vehicle Condition of road surface

Did you sound your horn? ◯ Yes ◯ No If so, how many times

Were photographs taken? ◯ Yes ◯ No

Please email to - GGJClaimsSlip@myguardiangroup.com

Give full details of how Accident/Loss or Damage occured

Driver's Signature

Has notice of any claim been given to you or the driver? ◯ Yes ◯ No

7) **Sketch of Accident** - Please make a rough sketch showing traffic lights, signs, warnings, etc. where appropriate and position of vehicles indicating how far vehicles were from side of road. An arrow should indicate the direction in which they were moving.

Did the Police witness accident ◯ Yes ◯ No

Was Accident/Theft reported to Police? ◯ Yes ◯ No

Which Police Station?

Who in your opinion is to be blamed for the Accident

8)

PARTICULARS OF OCCUPANTS OF INSURED

How many persons were being conveyed in the vehicle?

Were they charged a fee? ◯ Yes ◯ No

Were the passengers wearing seat belts? ◯ Yes ◯ No

Were the occupants injured? ◯ Yes ◯ No

Were goods being carried? ◯ Yes ◯ No

Did you charge a fee? ◯ Yes ◯ No

Name	Addresses	Relationship with the Insured	Nature of Injury hospital attended (if any)

9) **WITNESSES**

It is the utmost importance always to obtain the names and addresses of witnesses

Full Name	Address	Telephone No.
independent Witnesses		
independent Witnesses		

10) **PARTICULARS OF OTHER VEHICLE OR PROPERTY INVOLVED IN ACCIDENT**

1) Name of Owner
Address of Owner
Name of Driver
Address of Driver
Name of Insurers
Policy Number
Regn. No. of Vehicle
Make of Vehicle
Type of Cover

Full Details of damage to vehicle or other property (such as walls, fences, cultivations, animals)

2) Name of Owner
Address of Owner
Name of Driver
Address of Driver
Name of Insurers
Policy Number
Regn. No. of Vehicle
Make of Vehicle
Type of Cover

Full Details of damage to vehicle or other property (such as walls, fences, cultivations, animals)

Any communication you receive regarding the accident should be sent to the Company immediate unanswered.

11)

PARTICULARS OF INJURY TO OCCUPANTS OF THIRD PARTY'S VEHICLE

Were there any passengers in the other vehicle? ◯ Yes ◯ No

If yes, how many? ____

Name	Addresses	Whether, driver passenger, cyclist or pedestrian, etc.	Nature of Injury hospital attended (if any)

I/We declare that the information given in this form is true and correct to the best of my/our knowledge/belief. I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Date ____ Insured's Signature _____

Date ____ Driver's Signature _____

Print Form Email To GGJ