



N.E.M. INSURANCE COMPANY (JAMAICA) LIMITED

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MOTOR ACCIDENT REPORT FORM

The report is made in the bona fide belief that litigation may ensue, and to enable the Company representatives and Attorneys to conduct such litigation and advice in relation thereto.

It is necessary, therefore, that great care should be taken in completing this form and the information given there should be strictly accurate, irrespective of whatever it is in the Insured's favour or otherwise.

PLEASE BRING IN YOUR DRIVERS LICENCE & MOTOR VEHICLE DOCUMENTS WITH THIS FORM

INSURED Name Address Telephone (Office) (Home) (Cell) TRN# E-mail Are you owner of the vehicle? Occupation Premiums paid YES NO If No, Balance outstanding

Vehicle in use by Insured Year Make Model Or insured's driver at Chassis # Engine # Reg. # Time of accident Name of Mortgage Premium Finance Company Has the vehicle been modified in any way? If so, how?

DRIVER INFORMATION Name Date of Birth Address (H) Address (W) Telephone (Home) (Work) (Cell/Mobile) Driver's licence # Type of licence Date last renewed Occupation TRN # E-mail What year did the driver get his first Driver's licence? Type of licence How long has the Driver driven Motor Vehicle? (Attach photo-copy) Have you been involved in any accidents within the last three years? Yes No Of licence If so, state dates Was he sober at the time of the accident? Is the driver paid? Yes No If paid driver, by whom If other than paid Driver or the owner, does he or she hold a Motor Insurance Policy? If so, please state name and address of the Company

DETAILS OF ACCIDENT Date of Accident Time a.m / p.m. Place where accident occurred Condition of road surface Weather condition Please state in detail, exact purpose for which vehicle was being used at the time of the accident Were Seatbelt or Crash Helmet worn at the time of the accident? YES NO Was your driver acting within the scope of the authority?

Were the occupants of your vehicle fare-paying passengers? If so, state number

Were the passenger being charged a fare.

Were goods being carried?..... If so state by whom the goods were owned.

Have you received any intimation of claims from the other driver (or Third Party)

DAMAGE TO OWN VEHICLE --- state details of damage (if any)

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Repairer's name, address and telephone number

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Have you obtained an estimate of repairs? Amount of estimate

Have any instructions regarding repairs been given?.....

Date removed..... Where was the vehicle taken?.....

DID YOU CALL NEM ALERT YES NO If No, Why

(Repairer's detailed estimate should accompany this Form if possible)

Where can damaged vehicles be inspected?

Has any arrangement been made with the Third Party to repair vehicle or any monies to be received?

Give dates

N.B. Your Vehicle must be inspected by an Assessor to be appointed by this Company before repairs are authorized

PARTICULARS OF THIRD PARTY'S VEHICLE(S) OR PERSON(S) INVOLVED

	TP - VEHICLE 1	TP - VEHICLE 2	TP - VEHICLE 3
Registration No. & Letters			
Make of Vehicle			
Owner's Name			
Owner's address			
Owner's telephone #			
Insurance Company			
Driver's Name & Address			
Driver's telephone #			
Damage to Third Party's Vehicle			

Was/ Were any persons injured? YES NO If Yes, State:

PERSONS INJURED	ADDRESS	NATURE OF INJURY

Name of hospital to which injured person were sent

Did a policeman take particulars of the accident? YES NO Name of Policeman # Police Station.

His Number Was any warning given by the Police that you or your driver might be prosecuted? YES NO

Did the Police indicate who may be liable and why? YES NO

Were you given a breathalyzer test? YES NO What was the result?

Speed of your Vehicle km Speed of the other Vehicle km Who do you think is at fault?

Did the driver or owner sign a written admission of liability? YES NO If so, attach same

State any damage done by your vehicle to property (walls, fences, cultivation, animals)

Names and addresses of Passengers in your vehicle

Name Address Tel.#

Name Address Tel.#

Name Address Tel.#

Independent Witness(es) (Anyone who was not involved in the accident or a passenger in any of the vehicles, but who saw what happened).

Name Address Tel.#

Name Address Tel.#

Name Address Tel.#

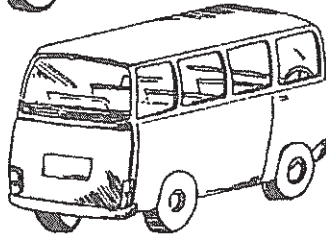
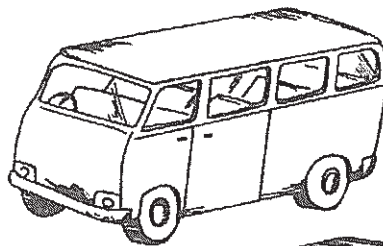
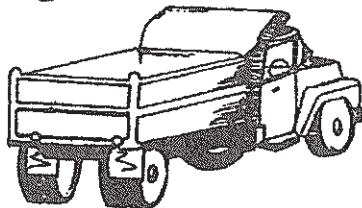
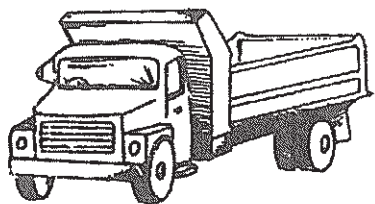
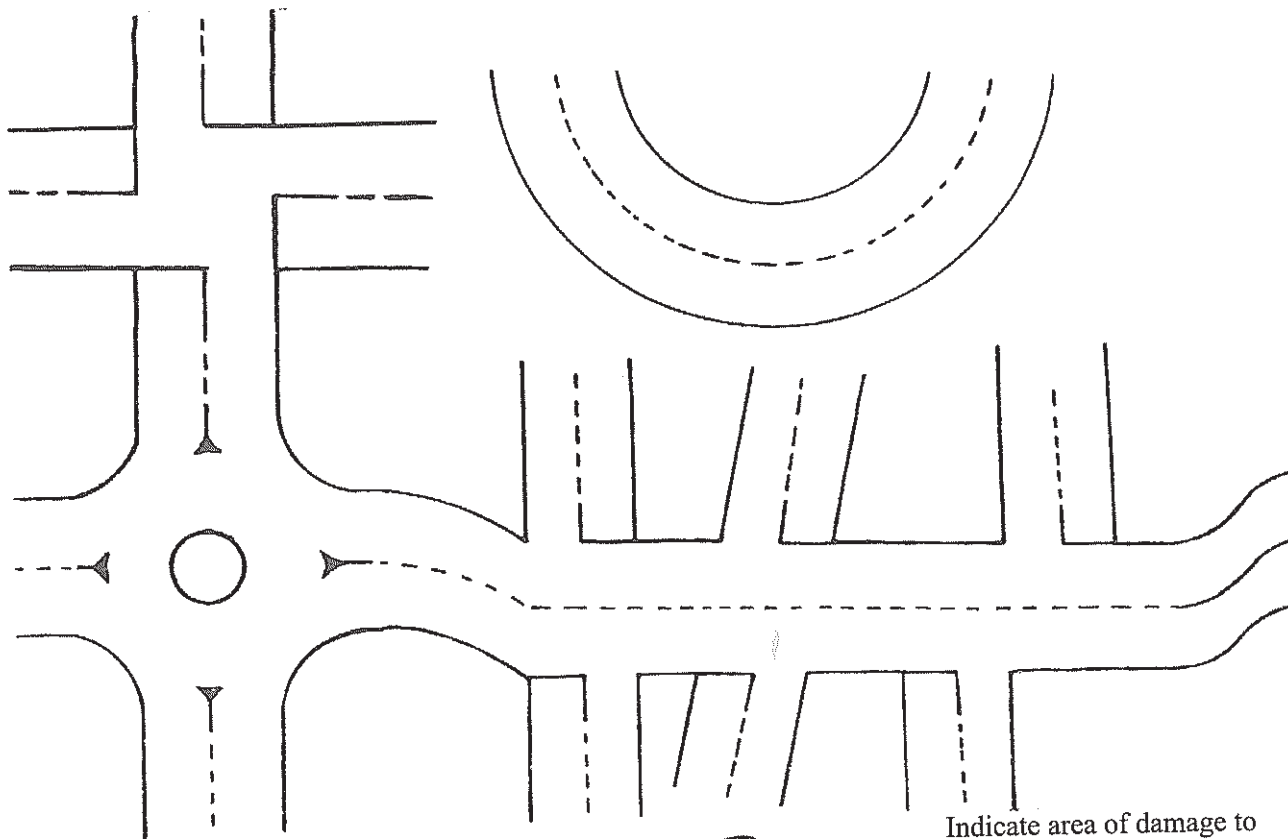
Full Details and Description of Accident

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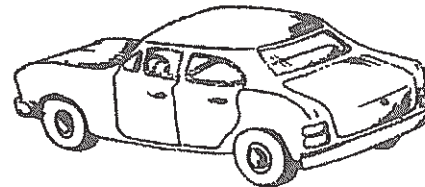
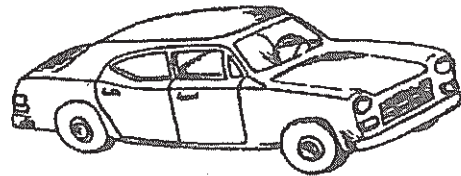
(Continue on separate paper if necessary)

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Please show position of Vehicles and persons at time of accident and by arrow indicate the direction in which they were traveling.



Indicate area of damage to insured JP's vehicle.



I / We declare the foregoing particulars to be true in every respect, and that these particulars have been supplied to the Company in order that Attorneys, instructed by them on my / our behalf may conduct any legal proceedings on my/our behalf.

Signature Insured Date

Signature Insured Date