



**VINSURE**

ST. VINCENT INSURANCES LTD.

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**CLAIM FORM**

(NO LIABILITY IS ADMITTD BY THE ISSUE OF THIS FORM)

**POLICY HOLDER**

Name ..... Claim No.....

Address..... Policy No.....

..... Private Telephone No.....

Trade or Occupation..... Business Telephone No.....

Do you hold more than one policy indemnifying you in respect of this occurrence? .....

**PARTICULARS OF VEHICLE**

Make ..... H.P ..... Date of Make ..... Regn. No .....

For what purpose was it being used at time of accident? .....

Is the vehicle your property? ..... If no, please state Owner .....

How many of your vehicles were in use at time of accidents? .....

If used for carriage of goods, state whether for own trade delivery .....

Give particulars of nature and weight of goods carried .....

If used for passengers hire state how vehicle was so hired .....

**DRIVER**

Name and address of driver at time of accident ..... Age .....

Licence No ..... Date of Issue .....

State Class of vehicle permit held by driver .....

Give details of all prosecutions in connection with the driving of a motor vehicle .....

Is he a paid driver in your service? ..... How long has he been in your employ? .....

Was he acting within the scope of his authority? .....

Give all details of driver's previous accidents? .....

If a relation or friend driving does he/she own a car? .....

If so, name his/her Insurance Company .....

**WITNESSES - Give Names and Addresses of:-**

**PASSENGERS (if any)**

**OTHER WITNESSES**

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State whether carried for hire or reward .....

Did a Police Constable witness accident, or TAKE PARTICULARS? .....

If so, give Number and Station .....

**PERSONAL INJURY, DAMAGE TO OTHER PERSON'S VEHICLES or PROPERTY**

Name and Address of Owner of other vehicle .....  
(if applicable)

Reg. No. of other vehicle involved ..... Damage to other vehicle .....

Name and Address of injured person or persons .....

Nature of injuries sustained .....

To what Hospital, if any, was injured person taken? .....

Damage to property .....

Has any claim been made on you? ..... If so, verbally or in writing? .....

*Please forward at once any communication you may have received unanswered.*

