

SENTRY

(WEST INDIAN INSURANCES LIMITED)

THIRD PARTY CLAIM REPORT FORM

THIRD PARTY PROPERTY DAMAGE

NAME OF OWNER _____ VEHICLE NO. _____

ADDRESS _____ PHONE NO. _____

INSURER _____ POLICY #. _____ COVERAGE _____

POLICY EXPIRY DATE _____

NAME OF DRIVER _____ DATE OF BIRTH. _____

ADDRESS _____ PHONE NO. _____

DRIVERS LICENCE #. _____ ISSUED DATE _____ EXPIRED DATE _____

DATE OF THE ACCIDENT _____ TIME _____ REPORTED? _____

ACCIDENT LOCATION _____

POLICE STATION _____ OFFICER _____

DETAILS OF DAMAGE _____

THIRD PARTY PERSONAL INJURY

NAME ON INJURED _____ PHONE NO. _____

ADDRESS _____

OCCUPATION _____ AGE. _____

DETAILS OF INJURY _____

DETAILS OF ACCIDENT

CLAIMANT'S SIGNATURE _____

DATE _____

THE COMPLETION OF THIS FORM IS IN NO WAY AN ADMITTANCE OF LIABILITY BY WESTINDIAN INSURANCES COMPANY LIMITED OR ITS POLICY HOLDER.

FOR OFFICAL USE ONLY

CLAIM NO. _____

NAME OF INSURED _____ VEHICLE NO. _____

POLICY NO. _____ PERIOD OF INSURANCE _____

NAME OF DRIVER _____ AGE _____

DRIVER'S LICENCE #. _____ ISSUE DATE _____ EXPIRE DATE _____