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TO AVOID DELAYS AND INCONVENIENCE PLEASE ANSWER ALL QUESTIONS WHERE APPLICABLE.

A. PARTICULARS OF INSURED

NAME OF INSURED:		POLICY NO.:
ADDRESS:		
HOME NO.:	WORK NO.:	CELL NO.:
EMPLOYER:		
E-MAIL ADDRESS:		MARITAL STATUS:
BUSINESS ADDRESS:		
OCCUPATION:		

B. PARTICULARS OF VEHICLE

YEAR:	MAKE:	MODEL:	BODY TYPE:
REG NO.:	CHASSIS NO.:		
ENGINE NO.:			
WAS THERE ANY UNREPAIRED DAMAGE PRIOR TO LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, GIVE DETAILS:			
NAME AND ADDRESS OF BANK OR COMPANY WITH A FINANCIAL INTEREST IN THE VEHICLE:			

C. PARTICULARS OF USE

STATE FULLY THE USE OF THE VEHICLE AT THE TIME OF THE ACCIDENT?	
WAS THE DRIVER ACTING WITHIN THE SCOPE OF HIS AUTHORITY AND WITH YOUR KNOWLEDGE AND CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW MANY PASSENGERS WERE IN THE VEHICLE?	WERE THEY CHARGED A FEE TO BE TRANSPORTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
WERE GOODS BEING CARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, STATE TYPE OF GOODS:	

D. PARTICULARS OF DRIVER

WAS INSURED DRIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CONTINUE TO PART E		
FULL NAME OF DRIVER:	PHONE NO.:	
ADDRESS:		
DATE OF BIRTH:	E-MAIL ADDRESS:	
OCCUPATION:		
DRIVER'S LICENCE NO.:	DATE ISSUED:	EXPIRY DATE:
TYPE OF LICENCE:	DATE FIRST ISSUED:	
ENDORSEMENT, IF ANY:		
IS DRIVER EMPLOYED BY YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT IS THE RELATIONSHIP?		

DOES HE/SHE OWN A MOTOR VEHICLE? YES NO

IF SO, GIVE NAME AND COMPANY AND POLICY NO.:

HAS HE/SHE BEEN INVOLVED IN ANY PREVIOUS ACCIDENTS? YES NO

IF SO, GIVE DETAILS:

HAS HE/SHE EVER BEEN PROSECUTED FOR ANY DRIVING OFFENCE? YES NO

IF SO, GIVE DETAILS WHETHER CONVICTED OR NOT:

E.

DATE OF LOSS:

TIME LOSS OCCURRED OR WAS DISCOVERED:

AM PM

REPLACEMENT COST:

NAME OF REPAIRER:

PHONE NO.:

ADDRESS OF REPAIRER:

STATEMENT

State fully what happened. To be completed by the person who was driving or drove the vehicle prior to the loss occurring:

If any claim is made against you, please advise IronRock, immediately. Never admit liability for an accident.

- I/We have carefully read, understand and accept the above statements and represent that I/We have made a good faith effort to ascertain complete and provide accurate answers to the questions set forth in this application and that the information provided therein, including any attachment is true, accurate and complete to the best of my/our knowledge and belief.
- I/We acknowledge that if I/we have made any false or fraudulent statement or concealed any material fact, the claim may be declined.

Signature of Insured: _____

Date: _____

Signature of Driver: _____

Date: _____



FOR OFFICE USE ONLY

I hereby certify that I have inspected the windscreen/glass and confirm that same is damaged/broken.

DATE OF INSPECTION: _____

INSPECTED BY: _____

SIGNATURE: _____

DATED: _____