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By completing this form, you consent to the use of your data as outlined below:

Data Retention: We will keep the data you provide for 7 years as required by law. After that, it will be kept indefinitely for statistical and research purposes. Your privacy will be protected through anonymization or pseudonymization of the data.

Data Usage: During the retention period, your data may be used to fulfil legal obligations, respond to authorized inquiries, conduct internal analysis, direct marketing, and generate anonymized statistics.

Data Security: We implement measures to ensure the security and confidentiality of your data, including secure storage, restricted access, encryption, and monitoring.

Data Sharing: We may share your data with authorized third parties for legal compliance or research purposes, ensuring they comply with Jamaica's data protection requirements.

Your Rights: You have rights to access, rectify, erase, restrict processing, and data portability. For concerns or inquiries, please contact us. For our full privacy statement please visit our website at <https://www.ironrockjamaica.com/customer-care/privacy-and-security/>

I consent to the data privacy terms above: _____

MOTOR ACCIDENT CLAIM FORM

To Avoid Delays and Inconvenience Please Answer All Questions Where Applicable

PARTICULARS OF INSURED _____

Name of Insured _____ Policy Number _____

Address _____

Home Number _____ Work _____ Mobile _____

E-mail Address _____ Marital Status _____

Occupation _____

PARTICULARS OF VEHICLE _____

Year _____ Make _____ Model _____ Body Type _____

Registration Number _____ Chassis Number _____

Engine Number _____

Was There Any Unrepaired Damage Prior To Loss? Yes No

If So, Give Details _____

Name and Address of Bank or Company With a Financial Interest In The Vehicle _____

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/Her Authority and With Your Knowledge and Consent?

Yes No

How Many Passengers Were In The Vehicle? _____ Were They Charged a Fee to Be Transported? Yes No

Were Goods Being Carried? Yes No If So, State Type Of Goods: _____

PARTICULARS OF DRIVER

Was Insured Driving? Yes No **If Yes, Continue To Next Section**

Full Name Of Driver _____ Phone Number _____

Address _____

Date of Birth _____ E-Mail Address _____

Occupation _____

Driver's Licence Number _____ Date Issued _____ Expiry Date _____

Type of Licence _____ Date First Issued _____

Endorsement, If Any _____

Is Driver Employed By You? Yes No

If No, What Is The Relationship? _____

Does He/She Own a Motor Vehicle? Yes No

If So, Give Name and Company and Policy Number _____

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 _____

PARTICULARS OF THE ACCIDENT

Date of Incident _____ Time of Incident _____ am pm

Place of Incident _____

Was Accident Reported To The Police? Yes No

Name and Address of Police Station _____

Name and ID # of Police Officer Who Took Particulars _____

Who In Your Opinion Is At Fault and Why? _____

What Direction Was Your Vehicle Heading? _____ What Direction Was The Other Vehicle Heading? _____

Approximate Speed of Your Vehicle at The Time of The Accident? _____ KM/H _____ MPH

Approximate Speed of Other Vehicle at The Time of The Accident? _____ KM/H _____ MPH

Legal Speed Limit At The Accident Scene? _____ KM/H _____ MPH

Were Your Vehicle's Lights On? Yes No If Yes, Were Your Lights: Bright Dimmed?

Were The Other Vehicle's Lights On? Yes No If Yes, Were Their Lights: Bright Dimmed?

State Details of Weather Conditions and Visibility _____

State Condition of The Road _____ Kind of Surface _____

Was Any Driver Warned For Prosecution? Yes No

If So, Give Details _____

PARTICULARS OF DAMAGE _____

Was Your Vehicle Damaged? Yes No

If So, Nature of Damage _____

Was a Wrecker Used? Yes No

Name and Address of Company _____

Estimated Cost of Repairs? _____

Where Can The Vehicle Be Inspected? _____

Name of Repairer _____ Phone Number _____

Address of Repairer _____

PARTICULARS OF THIRD PARTY _____

Owner's Name _____ Contact Number _____

Address _____ Owner's License Number _____

Driver's Name _____ Contact Number _____

Address _____ Driver's License Number _____

Year _____ Make _____ Model _____ Body Type _____

Registration Number _____ Colour _____

Insurance Company _____

Nature of Damage _____

**If Other Third Parties Were Involved In The Accident Please Enter Their Details Below.
If Not Skip To Property Damage Section**

PARTICULARS OF THIRD PARTY #2

Owner's Name _____ Contact Number _____

Address _____ Owner's License Number _____

Driver's Name _____ Contact Number _____

Address _____ Driver's License Number _____

Year _____ Make _____ Model _____ Body Type _____

Registration Number _____ Colour _____

Insurance Company _____

Nature of Damage _____

PARTICULARS OF THIRD PARTY #3

Owner's Name _____ Contact Number _____

Address _____ Owner's License Number _____

Driver's Name _____ Contact Number _____

Address _____ Driver's License Number _____

Year _____ Make _____ Model _____ Body Type _____

Registration Number _____ Colour _____

Insurance Company _____

Nature of Damage _____

If Additional Third Parties Were Involved Please Attach Their Details In The Format Presented Above

PROPERTY DAMAGE

Was Any Other Property Damaged (e.g. Wall, Fence, Utility Pole, etc.)? Yes No

If So, Give Details _____

Name and Address of Owner _____

Owner's Contact Number _____

PASSENGERS

List Passengers In Your Vehicle

Name(s)	Address	Contact Number	Relationship to Driver	Age	Occupation	Nature of Injury

List Passengers In Third Party's Vehicle

Name(s)	Address	Third Party (1, 2, or 3)	Relationship to Driver	Age	Contact Number	Nature of Injury

INDEPENDENT WITNESSES (A person who saw the accident but was not directly involved)

Name(s)	Address	Contact Number	Email Address

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.

Date _____

Signature of Insured _____

Date _____

Signature of Driver _____

Please Indicate Below Damage to the Vehicle and a Diagram Showing How The Accident Occurred

