

THE NATIONAL EMERGENCY MANAGEMENT AGENCY (NEMA)



**HURRICANE MATTHEW
VERIFICATION AND REPLACEMENT REQUEST FORM
FOR DAMAGE MOTORIZE VEHICLE**

PLEASE PRINT

Name of Applicant: _____ / _____ / _____
Last Name First Name Middle Name

National Insurance No.: _____ Date of Birth: _____

Address: _____

Island: _____ City/Town/Settlement: _____

Postal Address: _____ E-mail: _____

Telephone #: _____ / _____ / _____ / _____
Home Cell Work Fax

Type, model make and year of vehicle that was damaged:

i. Automobile/Car: _____

ii. Golf Cart: _____

iii. Motor Cycle: _____

iv. Truck: _____

v. Fishing Boat: _____

vi. Tractor: _____

Please check applicable box: used for agriculture used for fisheries
Personal use

Vin/Chassis No.: _____

Market value of damaged vehicle: _____

Type and value of replacement vehicle being requested: _____

Port of entry where replacement vehicle will be imported: _____

PLEASE NOTE THAT:

The following information should be attached to this application:

1. Documentation from the insurance company indicating that the vehicle has been damaged due to the effect of Hurricane Matthew and is beyond repair.
2. Copy of vehicle license disk.
3. Report from a mechanic verifying damage caused by Hurricane Matthew.
4. A photograph of the damaged vehicle would assist with processing of your application.
5. Invoice of replacement vehicle.

Please note that where any abuse or misuse of goods imported under this Declaration is observed, the goods may be seized and disposed of in accordance with Section 268 of the Customs Management Act.

I certify that the above information that has been provided is true.

Signature of Applicant	Date
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FOR OFFICIAL USE ONLY

Certified by Administrator	Date
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Certified by Director of Agriculture	Date
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Certified by Director of Fisheries	Date
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Certified by Director of Marine Resources	Date
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Certified by Director of NEMA	Date
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Approved Denied Pending

Comments: _____

Process by: _____ / _____ / _____

Name (Print) Signature Date