

The Tatil Group TRINIDAD AND TOBAGO INSURANCE LIMITED TATIL LIFE ASSURANCE LIMITED 11 Maraval Road, Port of Spain, Trinidad and Tobago, W.I. P.O. Box 1004 Tel: (868) 628-2845 or (868) 622-5351-8 Fax: (868) 628-6545 or (868) 628-0035

MOTOR VEHICLE ACCIDENT REPORT FORM Please give complete answers to all questions FOR OFFICIAL USE ONLY

Producer Name Branch Claim Number

Adjuster Name

 THE INSURED

 Name:
 Email Address:

 Postal Address:
 Telephone:

 Employer:
 Telephone:

 Occupation:
 Are you VAT registered?

 State VAT Registration Number:
 State VAT Registration Number:

Policy Number:	er: Effective		ve Date: Expiry Date:		2:	
Type of Coverage	Comprehensive Î	Fire & Theft Î		Crash Cash Î	Crash Cash Î If not Tatil, with	
		Third Par	rty Î	Courtesy Cash	n Î whom is it	insured?
Registration No.	Make and Model of V	/ehicle	Year	Chassis No. & Eng	gine No.	Sum Insured
Is the vehicle registered						
name? If NO, in whose	e name?					
Is the vehicle subject to any finance						
agreement? If YES, give	S, give details?					

THE DRIVER						
Name:				Sex:		
Postal Address:				Telephone:		
Business Address:				Telephone:		
Occupation:			Employer	-		
Date of Birth	Age	Permit Number	Class	Date of Issue	Date of Expiry	
Has Driver been previously	involved					
in an accident? If YES, giv	e details.					
Has Driver ever been charged with a						
Traffic Offence? If YES, give details.						
Driver's relation to the Insured.						
If employee, how long employed?						
Does Driver own a Motor Car? Registration Number:						
Where is it insured? Policy/Certificate Number:						

THF	ACCI	DENT	/THEFT
	AUUI		

Date:		Time:	am/pm
Place:			
For what purpose was the vehicle			
being used? Please describe fully.			
Direction of Travel	Direction of Travel		
Insured's Vehicle:	Third Party's Vehicle:		
Speed at time of accident:	Condition of Road:		
Was horn sounded?	Was visibility good?		
Police Station reported to:	Name and Number		
Date and Time reported:	of Police Officer:		

THE THIRD PARTY	
Vehicle Registration Number:	
Make & Model of Vehicle:	
Colour of Vehicle:	
Owner's Name:	
Owner's Address:	
Driver's Name:	
Driver's Address:	
Insurance Company:	
Policy & Certificate Number:	
Description of Damages and Your Estimate of the Cost of Repairs:	

DAMAGES TO INSURED'S VEHICLE

Description of Damages:

Name of Repairer:

Was Estimate Prepared?

Cost:

Where can the vehicle be inspected?

PASSENGERS IN YOUR VEHICLE

Name	Age	Address	Details of Injury Sustained (if any)	Physician or Hospital

PASSENGERS IN OTHER VEHICLE/PEDESTRIANS

Name	Age	Address	Details of Injury Sustained (if any)	Physician or Hospital

INDEPENDENT WITNESSES

Name	Address	Telephone

DRAW SKETCH OF ACCIDENT

GIVE FULL DETAILS OF ACCIDENT

In your opinion who was at fault?

Did such person admit responsibility?

I/WE DECLARE THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT I/WE HAVE NOT WITHHELD ANY INFORMATION WITHIN MY/OUR KNOWLEDGE CONNECTED WITH THE CLAIM.

SIGNATURE OF INSURED:

SIGNATURE OF DRIVER: __

DATE: _____

THE COMPANY DOES NOT ADMIT ANY LIABILITY BY THE USE OF THIS FORM

Website Addresses: <u>http://www.tatil.co.tt</u> or <u>http://www.tatilgroup.com</u>