



**Trinidad and Tobago Insurance Limited**  
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# THIRD PARTY ACCIDENT REPORT

*(Please give complete answers to all questions)*

FOR OFFICIAL USE ONLY
Producer Name: .....
Branch: .....
Claim Number: .....
Adjuster Name: .....

## THE INSURED

**OWNER:** ..... **Vehicle Number:** .....

**Address:** .....

**Email:** ..... **Telephone:** .....

**DRIVER:** ..... **Permit Number:** .....

**Address:** .....

**Email:** ..... **Telephone:** .....

## YOUR VEHICLE

**OWNER:** ..... **Vehicle Number:** .....

**Address:** .....

**Email:** ..... **Telephone:** .....

**Insurance Company:** ..... **Policy Number:** .....

**Address:** ..... **Certificate Number:** .....

**DRIVER:** ..... **Permit Number:** .....

**Address:** .....

**Email:** ..... **Telephone:** .....

## DETAILS OF ACCIDENT

**Date:** ..... **Time:** .....

**Place of Accident:** .....

**Direction of Your Vehicle:** ..... **Direction of Other Vehicle:** .....

**Speed of Your Vehicle:** ..... **Speed of Other Vehicle:** .....

**Condition of Road:** ..... **Was Visibility Good?** .....

**Police Station reported to:** ..... **Name of Officer:** .....

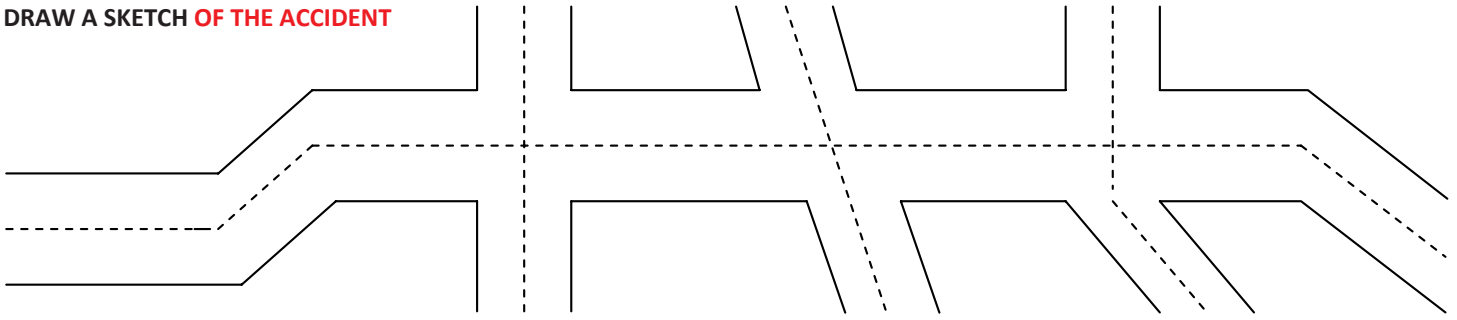
## PASSENGERS IN OTHER VEHICLE

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

## INDEPENDENT WITNESSES

Name	Age	Address	Details of Witness (if any)	Telephone

**DRAW A SKETCH OF THE ACCIDENT**



**GIVE FULL DETAILS OF ACCIDENT**

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In your opinion who was at fault? ..... Did such person admit responsibility? .....

**DECLARATION**

Please confirm by selecting this box your declaration as follows:

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: ..... Date: .....

Signature of Driver: ..... Date: .....

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