

**Trinidad and Tobago Insurance Limited**

TATIL Building, 11A Maraval Road, St. Clair, Newtown 190131, Trinidad and Tobago, W.I.
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PUBLIC LIABILITY NOTICE – ACCIDENT FORM

(Please give complete answers to all questions)

FOR OFFICIAL USE ONLY

Policy Number:
Producer Name:
Producer Number:
Branch:
Claim Number:

Note: This form should be completed and returned to us as soon as possible whether a claim is being made or not.

DO NOT DISCLOSE LIABILITY**THE INSURED**

1. Name: Email Address:
2. Postal Address: Telephone:
3. Business Address: Telephone:
4. Give a full description of the trade or business carried out at the premises:
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.....
.....

THE ACCIDENT

5. Date of the accident: Time:
6. Place where the accident occurred:
7. Give full details of how the accident occurred:
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.....
8. Give the names and addresses of all witnesses (State if they are your employee or are independent):

Witness Name	Employee/Independent	Address

9. At the time of the accident what work were you or your employees doing?
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.....
.....
10. Name and address of the person who caused or who was to blame for the accident.
Name: Address:
.....
11. Name and address of the person's employer if not you.
Name: Address:
.....
12. Were particulars taken by the police? ☐ Yes ☐ No If "Yes", give details:
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Officer's Name	Number	Police Station's Address

PARTICULARS OF POSSIBLE CLAIMANT

14. Name: Email Address:

13. Postal Address: Telephone:

15. State the nature of the injury or damage:

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16. Have you received notice of a claim? ☐ Yes ☐ No

If "Yes", from whom and what form?:

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(If the claim is in writing, please forward with this form.)

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.