

**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:**

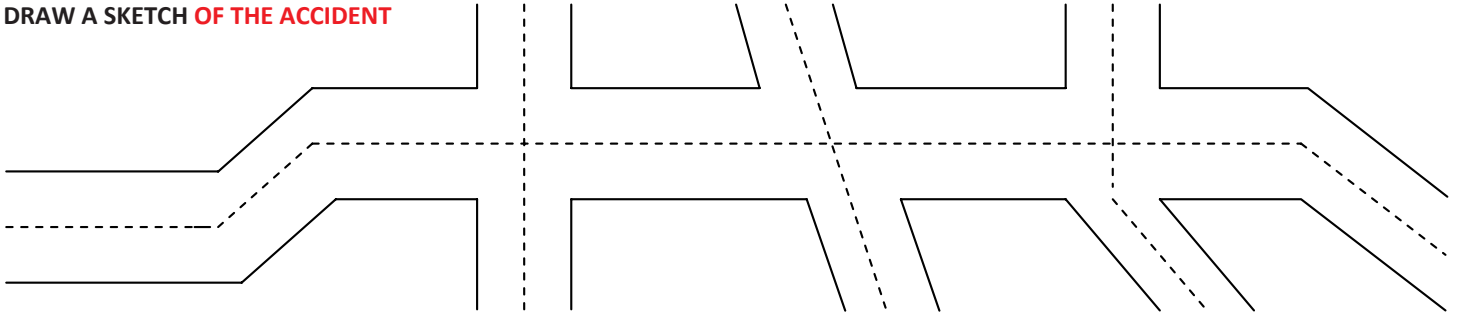
PASSENGERS IN OTHER VEHICLE

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.