



Trinidad and Tobago Insurance Limited
 11A Maraval Road,
 Port of Spain,
 Trinidad and Tobago, W.I.
 P.O. Box 1004
 Tel: (868) 628-2845 /1200
 Email: info@tatil.co.tt
 Web: www.tatil.co.tt

FOR OFFICIAL USE ONLY	
Policy Number:	_____
Producer Name:	_____
Producer Number:	_____
Branch:	_____
Claim Number:	_____

PUBLIC LIABILITY NOTICE OF ACCIDENT FORM

Please give complete answers to all questions

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.	

THE ACCIDENT

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

9. At the time of the accident what work were you or your employees doing?

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

Employer	Address

12. Were particulars taken by the police?
If 'yes',

Officer Name	Number	Address of Police Station

PARTICULARS OF POSSIBLE CLAIMANT

13. Name	Email Address:
14. Postal address	Telephone:
15. State the nature of the injury or damage	
16. Have you received notice of a claim? If 'yes', from whom and what form?	
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 _____