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

Tatil
... where people are people

FOR OFFICIAL USE ONLY

Producer Name _____
Branch _____
Claim Number _____
Adjuster Name _____

MOTOR VEHICLE ACCIDENT REPORT FORM

Please give complete answers to all questions

THE INSURED

Name:	Email Address:
Postal Address:	Telephone:
Employer:	Telephone:
Occupation:	Are you VAT registered? State VAT Registration Number:

THE POLICY

Policy Number:		Effective Date:		Expiry Date:
Type of Coverage	Comprehensive ☐	Fire & Theft ☐ Third Party ☐	Crash Cash ☐ Courtesy Cash ☐	If not Tatil, with whom is it insured?

Registration No.	Make and Model of Vehicle	Year	Chassis No. & Engine No.	Sum Insured

Is the vehicle registered in your name? If NO, in whose name?	
Is the vehicle subject to any finance agreement? If YES, 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, give 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:

THE ACCIDENT/THEFT

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

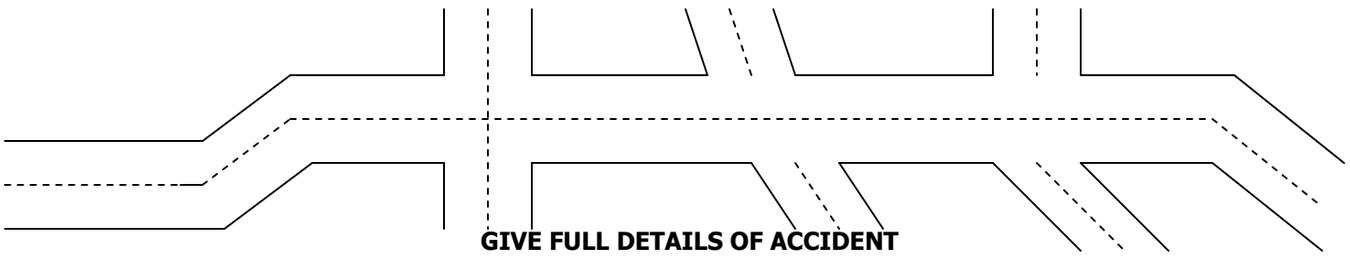
PASSENGERS IN OTHER VEHICLE/PEDESTRIANS

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? _____

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

Website Address: http://www.tatil.co.tt or Email: motorclaims@tatil.co.tt