



**THE  
PRESIDENTIAL INSURANCE  
CO. LTD**

**Head Office:**

54 Richmond Street, Port of Spain  
Phone: 625-4788/4769

**Branch Office:**

38 Gooding Village, San Fernando  
Phone: 657-3414/3413

## THIRD PARTY ACCIDENT/LOSS REPORT FORM

**Claim No:**

Name of Owner/Claimant:		
Address:		
Profession/Occupation:	Phone No:	
Vehicle No:	Make of Vehicle:	
Employer:		
Address:		
Name of Insurance Company:	Type of Coverage:	
Email (W):	Email (H):	VAT No:

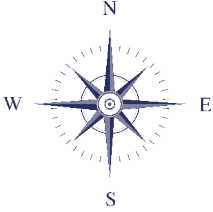
### THIRD PARTY DRIVER

Name of Driver:	
Address:	
Phone No:	Date of Birth:
Profession/Occupation:	Permit No:
Date of Issue:	
Expiry Date:	

### PRESIDENTIAL INSURANCE CLIENT/INSURED

Client's Name:	Vehicle No:	
Driver's Name:		
Address:		
Driver's Permit No:	Issue Date:	Expiry Date:
Date of Accident/Loss:	Time:	
Location of Accident/Loss:		
Police Station Reported To:	Date Reported:	
Name of Officer/Number:		

<b>DESCRIPTION OF ACCIDENT/LOSS</b>

<b>SKETCH OF ACCIDENT/LOSS</b>
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<b>WITNESSES (IMPORTANT)</b>		
Name	Address	Phone No.

<b>INJURY TO PERSONS</b>			
Name	Age	Address	Phone No.

SIGNATURE/STAMP OF THIRD PARTY CLAIMANT:.....

DATE:.....