



**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

MOTOR ACCIDENT REPORT FORM

CLAIM NO: _____

Policy No:	VAT No:
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INSURED: Name
Address
Telephone No Email
Occupation

EMPLOYER: Name Occupation

Telephone No (Home) (Work) (Mobile)

Vehicle Registration Number

Make/Model H.P. C.C. Type of Body

Was the vehicle being used at the time of accident for social domestic or pleasure purposes?

If for business purposes, please state whose business and what goods were carried

Is the vehicle subject to higher purchase agreement? Yes No

If yes, please state name and address of finance company

DRIVER: Name Date of Birth

Address

Employer Telephone No. (Home) (Work) (Mobile)

Permit No. Issue Date Expiry Date

Class of vehicle licensed to drive

Any previous Convictions? Yes No

Particulars of Convictions

Any physical/mental impairment?

Does the driver:- (a) Own a motor car/motor cycle? Yes No

(b) If so, with whom is it insured?

Upon whose authority was the driver operating the car?

Was the driver injured? Yes No If so, state nature of injuries

ACCIDENT: Date of Accident Time.....a.m./p.m.

Place where accident occurred

Speed of your vehicle immediately prior to impact..... Weather Condition.....

Position of vehicle at time of impact.....

Were particulars taken by a Police Officer on the scene? Yes No

Police Officer name & badge number

Police Station where accident/loss was reported

Police Officer name & badge number at police station.....

Did the police take a statement as to how the accident occurred from you or anyone else? Yes No

Was any warning given by the Police that you or your driver might be prosecuted?

WITNESSES:

Name..... Contact.....

Address Email

Independent Witnesses.....

Name..... Contact.....

Address..... Email

PASSENGERS IN YOUR VEHICLE:

Name..... Contact.....

Address Email

PARTICULARS OF DAMAGE TO INSURED'S VEHICLE

Details of Damage.....

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Where can vehicle be inspected Estimated cost of Repairs \$

Repairer's Name..... Telephone No.....

Have you instructed repairs to be carried out? Yes No

NB: Repairer's detailed estimate should accompany this Form.

PARTICULARS OF THIRD PARTY PROPERTY DAMAGE

Owner's Name..... Contact.....
 Address..... Email.....
 Driver's Name..... Contact.....
 Address..... Email.....
 Registration No..... Name of Insurer..... Coverage.....
 Extent of Damage.....
 Other Property Damage.....

PARTICULARS OF THIRD PARTY PROPERTY DAMAGE

Owner's Name..... Contact.....
 Address..... Email.....
 Driver's Name..... Contact.....
 Address..... Email.....
 Registration No..... Name of Insurer..... Coverage.....
 Extent of Damage.....
 Other Property Damage.....

PARTICULARS OF THIRD PARTY PROPERTY DAMAGE

Owner's Name..... Contact.....
 Address..... Email.....
 Driver's Name..... Contact.....
 Address..... Email.....
 Registration No..... Name of Insurer..... Coverage.....
 Extent of Damage.....
 Other Property Damage.....

PARTICULARS OF THIRD PARTIES INJURED					TICK ONE		
					PASSENGER		Pedes- trian
					In Your Car	In Other Car	
NAME	AGE	ADDRESS	DETAILS OF INJURIES				

Full Details and Description of Accident

(Please state fully how accident happened, if driving with lights state whether head or side only, describe nature of signals given, i.e. whether hand, trafficator or lights, state whether horn sounded).

Lined area for providing details of the accident.

This Space is for Sketch.

(Please show position of vehicles and persons at time of accident, and indicate direction in which they were travelling by an arrow. Mark names and widths of roads if possible and road signs (if any).)



This statement has been read over to me and its contents are true and correct in every aspect.

Signature of Insured

Signature of driver, if other than Insured.....

Date

Any Additional Information.