



**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:

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.....

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

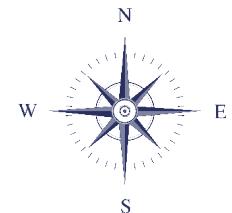
PARTICULARS OF THIRD PARTIES INJURED

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).

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).



A large rectangular box occupies most of the page below the sketch area, intended for the driver's statement.

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.