

Gulf Insurance Limited

1 Gray Street, St. Clair, Port of Spain, Trinidad, West Indies. Fax: 868-628-0272/2167
P.O. Box 489. Telephone: 868-622-5878/7485-6/ 628-9250-3 Email: info@gulfinsuranceltd.com

MOTOR ACCIDENT REPORT

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF A CLAIM

| | | | | |
|--------------------|---------------------|----------|-----------------|--|
| THE INSURED | NAME:..... | | CLAIM NO:..... | |
| | Email Address:..... | | AGENCY:..... | |
| | Occupation:..... | | POLICY NO:..... | |
| | Address: Res..... | | Employer:..... | |
| | Bus..... | | | |
| | Phone: Res..... | Bus..... | | |

| | | | | | | | |
|---|-------------------|------|--------------|---------------------|---------------------|-----------------------------------|-------------|
| THE AUTOMOBILE | Registration Mark | Make | Type of Body | Horse Power or C.C. | Year of Manufacture | Seating Capacity including Driver | Sum Insured |
| | | | | | | | |
| Is the automobile subject to a hire Purchase Agreement? If so state name of Finance Company:..... | | | | | | | |

THE DRIVER

NAME OF DRIVER:..... Driver's Permit No:..... Driving Experience:yrs.

CLASS:..... EXPIRY DATE:.....

Age:..... Address:.....

Occupation:..... Employer:.....

Employer's Address:..... Phone: Res

Has driver any physical Impairment?..... Bus

Has driver been involved in any accident within the past three years? If so, explain on the reverse:.....

Does the driver carry any form of automobile insurance?.....

Does the driver and his or her spouse own a motor vehicle?.....
(If so, give particulars and name of insurer).....

For what purpose was the automobile being used?.....
(Indicate Pleasure, business or hire)

Upon whose authority was the driver operating the car?.....

Any intoxicating beverages or drugs consumed?.....

THE ACCIDENT OR OCCURANCE

DATE OF ACCIDENT:.....20.....Hour.....A.M. P.M.

Accident Location:.....

Direction insured's car:..... Direction other car:.....

Speed at time of accident:..... Weather conditions:.....

What warning given before accident?..... Were lights lit?.....

Did a policeman witness or take particulars of the accident?.....

If so, his name:..... Address of Police Station:.....

INJURIES

INJURED PERSON'S NAME:..... Apparent age:.....

Address:..... (If known) Family:.....

Occupation:..... By whom employed?.....

Nature and extent of injuries:.....

Taken home or to hospital..... Attending Doctor's Name:.....
(If to hospital, which one)

Did the injured person make any statement after the accident?.....
(If so, explain on the reverse)

DAMAGE TO PROPERTY OF OTHERS

Name of owner:..... Address:..... Phone No:.....

Name of driver:..... Address:..... Phone No:.....

Make of automobile:..... Year:..... Registration No:.....

Did driver make any comments after the accident?.....

Name of insurer, If insured:..... Coverage:..... Pol. No:.....

Extent of damage:.....

Other Property Damaged:.....

**DAMAGE TO
AUTOMOBILE
OF POLICY-
HOLDER**

Parts Damaged, and extent:.....

 Where may automobile be seen?.....

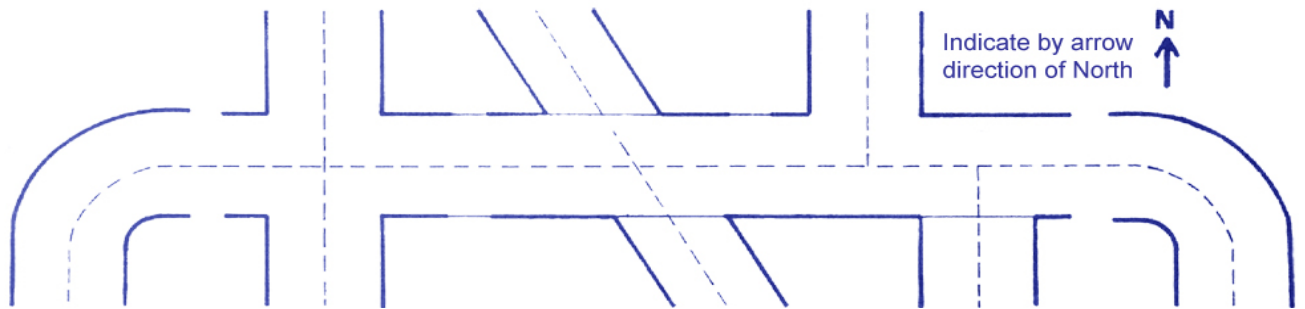
Occupants of Insured's car.
 Name:..... Address:.....
 Name:..... Address:.....

WITNESSES

Occupants of other car (if unknown, show number).....
 Name:..... Address:.....
 Name:..... Address:.....
 Other Witnesses
 Name:..... Address:.....
 Name:..... Address:.....

SKETCH

COMPLETE THE FOLLOWING DIAGRAM SHOWING DIRECTION & POSITIONS OF AUTOMOBILES INVOLVED.
 DESIGNATING CLEARLY POINT OF CONTACT.



Instructions:

- (1) Use solid line to show path of vehicle before accident dotted line after accident
- (2) Number each vehicle & show direction of travel
- (3) Show motorcycle by
- (4) Show pedestrian by

**CLAIMS
HISTORY
DRIVER/
OWNER**

| No. of Accidents | Details of Accidents | Total Cost of Claims Paid & Outstanding | |
|------------------|----------------------|---|-------------|
| | | Own Damage | Third Party |
| 20..... | | | |
| 20..... | | | |
| 20..... | | | |

**DESCRIPTION
OF
ACCIDENT**

.....

I declare that these particulars are true and complete Signature of Driver

 Date of Report.....20.....Signature of Insured.....