



Gulf Insurance Limited

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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:.....

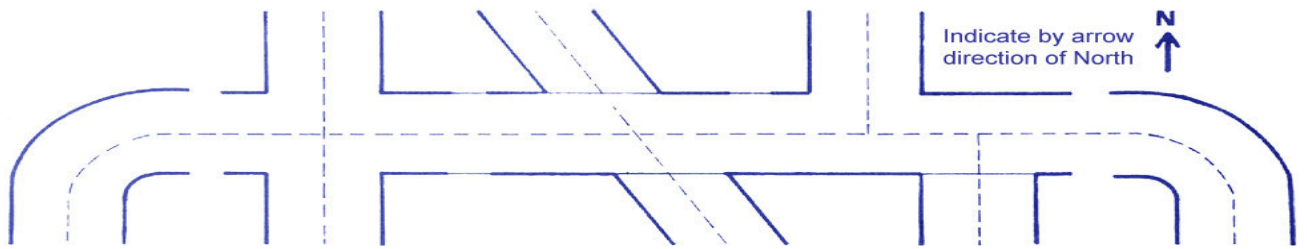
 Where may automobile be seen?.....

WITNESSES

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