



# GUARDIAN GENERAL INSURANCE LIMITED trading as

Newtown Centre, 30-36 Maraval Road Newtown, Port of Spain Tel: (868) 625-GGIL Fax: (868) 622-9994 Website: www.ggil.biz

## MOTOR VEHICLE ACCIDENT REPORT PRIVATE & CONFIDENTIAL

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

Insured \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Profession/Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Telephone \_\_\_\_\_

### DRIVER'S NAME

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Profession/Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Telephone \_\_\_\_\_

Driver's Permit No \_\_\_\_\_ Date first issued \_\_\_\_\_

Date Renewed \_\_\_\_\_

Class of vehicle licensed to drive \_\_\_\_\_

Particulars of Convictions \_\_\_\_\_

Does the driver have any physical impairment? YES [ ] NO [ ]

If 'YES', please describe \_\_\_\_\_

Does the driver own a motor vehicle or motor cycle? YES [ ] NO [ ]

Name of Insurer \_\_\_\_\_

Relationship of driver to Insured \_\_\_\_\_

Upon whose authority was the driver operating the vehicle? \_\_\_\_\_

Was the driver injured? YES [ ] NO [ ]

If 'YES', state nature of injuries \_\_\_\_\_

Was the driver wearing a seat belt? YES [ ] NO [ ]

### PARTICULARS OF INSURED VEHICLE

Vehicle Registration No. \_\_\_\_\_ Make \_\_\_\_\_ Body Type \_\_\_\_\_

At the time of the accident, was the vehicle being used for social, domestic or pleasure purposes? YES [ ] NO [ ]

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

Does anyone else have a financial interest in the vehicle? YES [ ] NO [ ]

If 'YES', whom and their interest \_\_\_\_\_

Is the damage to the vehicle - Severe [ ] Slight [ ] Front end [ ] Rear end [ ]

Side [ ] Left [ ] Right [ ]

Details of the Damage \_\_\_\_\_

Where can the vehicle be inspected? \_\_\_\_\_ Estimate cost of repairs \_\_\_\_\_

Repairer's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Have you instructed repairs to be carried out? YES [ ] NO [ ]

**REPAIRER'S ESTIMATE SHOULD ACCOMPANY THIS FORM**

### PARTICULARS OF THIRD PARTY VEHICLE

Vehicle Registration No. \_\_\_\_\_ Make \_\_\_\_\_ Body Type \_\_\_\_\_ Colour \_\_\_\_\_

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

Driver's name \_\_\_\_\_ Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Coverage - Comprehensive [ ] Third Party [ ]  
Third Party, Fire & Theft [ ]

Is the damage to the vehicle- Severe [ ] Slight [ ] Front End [ ] Rear End [ ] Side - Left [ ] Right [ ]

Details of Damage \_\_\_\_\_

Was there any other property damage? YES [ ] NO [ ]

Describe \_\_\_\_\_

