



Furness Anchorage General Insurance Limited
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 Port Of Spain #10 Rushworth Street
 (868) 623-0868 San Fernando
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MOTOR VEHICLE ACCIDENT REPORT FORM

The issue of this form does not imply an admission of liability.

Claim No: Policy No: Policy Type: Excess:

Particulars Of Insured

Name: Address:

Occupation:

Phone No.: D.O.B.:

Is there any other policy indemnifying you or the Driver in respect of this Accident? : Yes No

Date of payment of last premium:

If you are VAT registered, state VAT Registration Number:

Particulars of Motor Vehicle Concerned in the Accident

Make of Vehicle: Type of Body:

Year of Make: Horse Power

Reg. Letters & Number: Was a Trailer attached: Yes No

Chassis No. of Vehicle: Engine No. of Vehicle:

If the vehicle is subject to any finance agreement, give details:

For what purpose was the vehicle being used at time of Accident? :

If a Motor Cycle

(1) Was a sidecar attached? : Yes No (2) Was a Pillion Rider being carried? : Yes No

Was the Vehicle out with the knowledge and consent of the Insured at the time of Accident? : Yes No

Were fare paying passengers being carried? : Yes No

Is the Vehicle the property of the Insured? : Yes No

Particulars of Person Driving

Name: D.O.B.

Address: Occupation:

Is he/she in your employment? : Yes No If so, how long employed? :

Driver Permit Number : Driver Permit Expiry Date :

How long has he/she been licensed? :



Has he/she been involved in previous accidents? : Yes No If so, give approximate cost:

Has he/she been convicted for any motoring offence? : Yes No

Give full particulars of each conviction, if any:

Had he/she been drinking alcohol before the accident? Yes No

Has his/her Driving Licence been endorsed or suspended? Yes No

If so, when and for what reasons?

Does he/she have any physical disability or infirmity, or defective vision or hearing? : Yes No

Has he/she ever been refused any motor vehicle insurance or continuance thereof by any Insurance Company or Underwriter? : Yes No

What is the relationship between driver and Insured? :

If a friend or relative of the Insured was driving state

(a) whether he/she owns a Motor Vehicle of his/her own: Yes No

(b) Whether he/she is insured: Yes No

(c) If yes, what is the name of the Company:

Particulars of the Accident

Date of Accident: Time: Place:

Date when accident was reported to Insured: Estimated speed of your Vehicle:

Weather conditions (e.g. clear, raining): Was the horn sounded? : Yes No

If the accident occurred after lighting-up time, state which of your lamps were lit: Yes No

Kind of roadway (e.g. paved, gravelled): Conditions of road (e.g. wet, dry):

Was your vehicle on the near side of the road? : Yes No If so, how far from the curb?

Number of persons in the insured vehicle: Number of persons in the other vehicle:

Give full description of how the Accident, Loss or Damage occurred, in the space provided at the end of the form.



Witnesses

Names of Passengers in Vehicle:

Addresses of Passengers in Vehicle:

- 1.
- 2.
- 3.
- 4.

Names of Independent Witnesses:

Addresses of Independent Witnesses:

- 1.
- 2.
- 3.
- 4.

Did a Police Office witness the Accident or take particulars of the occurrence? : Yes No

If so, state his/ her name or identification number and station:

Was any statement, as to fault, made by the witness or drivers at time? : Yes No

If yes,give details:

Details of Damages

Damage to Insured Vehicle

Give description of damage to vehicle:

Address where damaged vehicle may be examined: Estimated cost of Repairs: TT\$

Have you given any instructions for repairs to be commenced? : Yes No

Damage to Other Vehicles

1. Name of Owner of other vehicle:

Reg No.:

Address

Insurer:

Extent of Damage



2. Name of Owner of other vehicle:

Reg No.:

Address

Insurer:

Extent of Damage

3. Name of Owner of other vehicle:

Reg No.:

Address

Insurer:

Extent of Damage

Damage to Other Property

1. Name of Owner of other property damaged:

Address

Nature of such property:

Extent of Damage

2. Name of Owner of other property damaged:

Address

Nature of such property:

Extent of Damage

Has any claim been made upon you? : Yes No If so, verbally or in writing? : Verbally Writing

Particulars of Personal Injuries to other persons involved in the accident

Names of injured person(s):

Addresses of injured person(s):

- 1.
- 2.
- 3.

Was any person taken to Hospital? : Yes No

If yes, state the name(s) and the hospital(s)

Was he/she admitted? : Yes No

Has any claim for injuries been made upon you? : Yes No



ANY COMMUNICATIONS REGARDING THIRD PARTY INJURIES OR DAMAGES WHICH YOU MAY RECEIVE SHOULD NOT BE ANSWERED, BUT SHOULD BE FORWARDED AT ONCE TO THE COMPANY

Description of the Accident

Sketches

Please make a rough plan of the road and relative positions of vehicles involved, indicating directions in which vehicles were travelling.

I/WE hereby declare that to the best of my/our knowledge and belief the foregoing particulars are true and correct in every respect, and I/we undertake to render the company every assistance in dealing with this matter.

Date: _____ Signature of Insured: _____