



**REINSURANCE COMPANY OF TRINIDAD AND TOBAGO LTD**  
 #69 Edward Street, Port of Spain  
 Tel: 1 868 623 1204 Fax: 1 868 623 1205 Email: info@trinre.com

FOR OFFICIAL USE ONLY	
Producer Name:	_____
Claim No.	_____

Please give complete answers to all questions

**MOTOR CLAIM FORM**

**THE INSURED**

Name:	Email:
Postal Address:	Telephone:
Employer:	Telephone:
Occupation:	Are you VAT registered? State VAT Reg. No.:

**THE POLICY**

Policy No.:	Effective Date:	Expiry Date:		
Type of Coverage	Comprehensive ( )	Fire & Theft ( )	Third Party ( )	
Registration No.	Make and Model of Vehicle	Year	Chassis No.:	Sum Insured
			Engine No.:	
Is the vehicle registered in your name? If NO, in whose name?				
Is the vehicle subject to any finance agreement? If YES, give details?				

**THE DRIVER**

Name:	Gender:	Male [ ]	Female: [ ]		
Postal Address:	Telephone:	Email:			
Business Address:	Telephone:				
Occupation:	Employer				
Date of Birth	Age	Permit No	Class	Date of 1st Issue	Date of Expiry
Has Driver been previously involved in an accident? If YES, give details					
Has Driver ever been charged with a Traffic Offence? If, YES, give details					
Driver's relation to the Insured. if employee, how long employed?					
Does Driver own a Motor Car?			Registration No.:		
Where is it insured?			Policy/ Cert. No.:		
Has the driver any physical impairment? If YES, give details					

**THE ACCIDENT/ THEFT**

Date:	Time	am/pm
Place:		
For what purpose was the vehicle being used? Please describe fully		
Direction of Travel Insured's Vehicle	Direction of Travel Third Party's Vehicle	
Speed at time of accident:	Condition of Road:	
Was horn sounded?	Was visibility good?	
Police Station reported to:	Name, Rank and No. of Police Officer:	
Date and time reported:		

**THE THIRD PARTY**

Vehicle Registration No.:		
Make & Model of Vehicle:		
Colour of Vehicle:		
Owner's Name:		
Owner's Address		
Driver's Name:		
Driver's Address:		
Insurance Company		
Policy & Certificate No.:		
Description of Damages and your estimate of the cost of repairs		

