



Sagicor General Insurance Inc.

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 Website: www.sagicor.com • Email: getcovered@sagicorgeneral.com

Claim Ref:	
Policy No.:	
Agent/Broker:	

THIRD PARTY ACCIDENT – REPORT FORM

(PLEASE COMPLETE ALL DETAILS ON THIS PAGE / PLEASE WRITE IN BLOCK LETTERS AND TICK CORRECT ANSWER BOXES)

SAGICOR'S INSURED

Owner: **Vehicle No.:**
Address:
Tel. No.: **Business:**
E-mail:

Driver: **Permit No.:**
Address:
Tel. No.: **Business:**
E-mail:

YOUR VEHICLE (Third Party)

Owner: **Vehicle No.:**
Address:
Tel. No.: **Business:**
E-mail: **Vat/B.I.R.#:**

Driver: **Permit No.:**
Address:
Tel. No.: **Business:**
Insurance Company: **Type of Coverage:**
Policy No.: **Certificate No.:**

PARTICULARS OF ACCIDENT

Date of loss or damage: **Time:** a.m. p.m.
Place Where Accident Occurred:
Speed Immediately Prior to Impact:km/hr mph.
No. / Name of Officer: **Road Conditions:**
Police Station Reported To: **Weather Conditions:**

GIVE A COMPLETE STATEMENT AND DESCRIPTION OF ACCIDENT (please draw sketch overleaf)

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I/We declare the foregoing to be true in every respect.

Name of Insured: **Signature of Insured:** **Date:**
Name of Third Party: **Signature of Third Party:** **Date:**