Sagicor General Insurance Trinidad & Tobago Limited.
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'KEY PROTECTOR' MOTOR INSURANCE – CLAIM FORM

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

PERSONAL INFORMATION

Policy No.: ..... **Claim No.:** .....

Name of Insured: ..... **Tel No.:** .....
Profession/Occupation: .....
Address: .....
.....
E-mail: ..... **Vat/B.I.R.#:** .....

Business Address (If self-employed): .....
..... **Tel No.:** .....

Employer's Name: ..... **Tel No.:** .....
Employer's Address: .....
E-mail: . ..... **Vat/B.I.R.#:** .....

PARTICULARS OF DRIVER

Driver's Name: ..... **Date of Birth**: .....
Address: ..... **Tel No.:** .....
.....
Profession/Occupation: ..... **Class of vehicle licenced to drive:**
....
Employer's Name: ....
Employer's Address: ..... **Driver's Permit:** .....
..... **Date First issued:** .....
..... **Relationship of Driver to Insured:** .....
Does the driver own a vehicle? ☐ Yes ☐ No .....
If 'Yes', Reg. No.: ..... **Was the driver injured?** ☐ Yes ☐ No
Name of Insurer: ..... If 'Yes' state the nature of injuries: .....
Does the driver have any physical impairment? ☐ Yes ☐ No .....
Was the vehicle being used with the order .....
or permission of the Insured? ☐ Yes ☐ No **Was the driver wearing a seat belt?** ☐ Yes ☐ No

PARTICULARS OF INSURED VEHICLE

Vehicle Registration No.: ..... **Make:** .....
Engine No.: ..... **Body Type:** .....
Chassis No.: ..... **Colour:** .....
At the time of the accident, was the vehicle being used for Private, Social and Domestic use or in connection with the Insured's business? ☐ Yes ☐ No
If 'No', for what purpose was it being used? .....
.....
Does anyone have a financial interest in the vehicle? ☐ Yes ☐ No
If 'Yes', what are their interest? .....
Is the damage of the vehicle: ☐ Severe ☐ Slight
Where is the damage located: ☐ Front End ☐ Rear End ☐ Left Side ☐ Right Side
Details of Damage: .....
.....
Where can the vehicle be inspected? ..... **Estimated cost of repairs:** .....
..... **Tel No.:** .....
Repairer's Name: ..... **Have you instructed repairs to be carried out** ☐ Yes ☐ No
Repairer's Address: .....
.....

PARTICULARS OF THIRD PARTY VEHICLE

Vehicle Registration No.: ..... **Make:** .....

Body Type: ..... **Tel No.:** .....

Owner's Name: .....

Address: .....

Driver's Name: .....

Address: .....

Insurance Company: .....

Coverage: ☐ **Comprehensive** ☐ **Third Party** ☐ **Third Party Fire & Theft**

Is the damage of the vehicle: ☐ Severe ☐ Light

Where is the damage located: ☐ Front End ☐ Rear End ☐ Left Side ☐ Right Side

Details of Damage: .....

.....

Was there any other property damage? ☐ Yes ☐ No

PARTICULARS OF PERSONS INJURED

(Use code to indicate; 1- passenger in your vehicle; 2 - passenger in other vehicle; 3 - Pedestrian)

NAME	ADDRESS	Code	Details of Injuries

PARTICULARS OF THE ACCIDENT/INCIDENT

Date occured: ..... Time occured: .....a.m . ..... p.m.

Place where accident occurred: .....

Speed of your vehicle immediate prior to impact: .....km/hr .....m.p.h.

Weather conditions: .....

Who in your opinion was at fault? .....

Name & Number of Police Officer taking Particulars: .....

Address of Police Station: ..... **Date Reported:** .....

Was any warning given by the Police that you might be prosecuted? ☐ Yes ☐ No

WITNESSES

(Use code to indicate whether; 1- passenger in your vehicle; 2 - an Independent witness)

NAME	ADDRESS	Code

Give a Complete Statement & Description of the Accident and provide a Sketch.

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We declare the foregoing to be true in every respect.

Name of Insured: ..... Signature of Insured: ..... Date: .....

Name of Driver: ..... Signature of Driver: ..... Date: .....