



Government of The Republic of Trinidad And Tobago
Ministry of Finance
Treasury Division, Finance and Accounts Branch

GVIF Accident Claim Requirements

Date Received: _____

Claimant's Name: _____

Claimant's Contact Information: _____

Claim Reference #: _____

- Original Letter form Insurance Company
- Original VAT Registration Letter
- Original Estimate
- Copy of Certified Copy
- Copy of Police Report Receipt
- Copy of Drivers Permit
- Pictures of Accident (Optional)

Received by: _____

Signature: _____

To follow up on claim, contact the following
RISK MANAGEMENT SERVICES LTD.
#11 BOARDE STREET, POS
625-1091



(868) 223-2941-3 ext. 1020



<https://www.finance.gov.tt/divisions/treasury-division>