

## <u>Government of The Republic of Trinidad And Tobago</u> Ministry of Finance

Treasury Division, Finance and Accounts Branch

## Government Third Party Motor Vehicle Claim Form Third Party Statement

THIRD PARTY\OWNER INFORMATION		CLAIM NO:						
NAME:								
ADDRESS:								
CONTACTS: HOME:	WORK:	CELL:						
OCCUPATION:								
EMAIL ADDRESS:								
VEHICLE #:								
MAKE/MODEL:								
DRIVER'S PERMIT#:	ID CARD:							
INSURER:								
INSURANCE COVERAGE:	POLICY#:							
ESTIMATED AMOUNT CLAIM:								
DRIVER'S INFORMATION (IF DIFFERENCE FROM ABOVE								
NAME:								
ADDRESS:								
CONTACTS: HOME:	WORK:	CELL:						
EMAIL ADDRESS:								
DRIVER' PERMIT#								
GOVERNMENT DIVER'S INFORMATIO	N:							
NAME:	BADGE#							
ADDRESS:								
CONTACTS:								
GOVERNMENT MINISTRY:		GOVENRMENT VEHICLE #:						
DIVER PERMIT								
ACCIDENT DETAILS/INFORMATION								
LOCATION:								
DATE:	TIME:							
POLICE STATION REPORTED:								
DATE REPORTED:		TIME REPORTED:						
WEATHER CONDITIONS:		SPEED:						
DAMAGES TO YOUR VEHICLE:								
DAMAGES TO GOVERNMENT VEHICLE	Ξ:							
INVESTIGATION OFFICER:		BADGE#						
DESCRIPTION OF ACCIDENT								

SKETCH								
INDEPENDENT WITNESSES	(SOM)	FONE WHO W	AS NOT INVO	I VED IN THE A	CCIDENT FC			
INDEPENDENT WITNESSES (SOMEONE WHO WAS NOT INVOLVED IN THE ACCIDENT EG. BYSTANDER)								
NAME	Α	ADDRESS		CONTACT#				
INJURIES/DEATH TO PERSONS								
NAME	AGE	E   ADDRESS& CONTACT#		NATURE OF	OCCUPATION			
				INJURIES				
PARENTS/GUARDIAN (IF MI) NAME	NOR)		DADENT/CI	IADDIAN OE.				
NAME	PARENT/		PARENT/GO	GUARDIAN OF:				
ATTENDING PHYSICIAN AND	)/OR I	HOSPITAL						
NAME PHYSICIAN AND/OR HOSPITAL								
			•		-			
THE ISSUE OF THIS FORM DO	OEC N	OT CONCTITI	IITE AN ADM	ICCION OF LIAI	OH ITY DV THE			
GOVERNMENT OF THE REPU					DILITI DI THE			
SIGNATURE OF OWNER: DATE								
SIGNATURE OF DRIVER: DATE								

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY BY THE GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO.



(868) 223-2941-3 ext. 1020

