



119 Henry Street, Port of Spain, Trinidad, West Indies Tel: (868) 623-0576/9; Fax: (868) 624-9505

No.1 Freeling Street, San Fernando. Tel: (868) 652-3337; 652-3774 Fax: (868) 652-5541

Edoo's Building, 98 Norma Drive, Lowlands, Tobago Tel: (868) 639-2986; 639-3869; Fax 639-2986

Website: www.agostini.com Email: aib@trinidad.net

Motor Accident Claim Form

(Please use block capitals and do not leave blanks or answer a question with a dash)

Client Number _____ AIB Branch _____ Policy Number _____ Policy Renewal Date _____

INSURED INFORMATION

Name of Insured _____
Surname _____ First Name _____ Middle Name _____

Address of Insured _____
Street _____ City _____ Country _____

Telephone Number (868) _____ (868) _____ Email Address _____
Primary Secondary

CLAIM DETAILS INFORMATION

INSURED VEHICLE INFORMATION

Make _____ Model _____ Registration Number _____ Chassis Number _____

DRIVER INFORMATION

Name of Driver _____ Relationship to Insured _____

(868) _____
Telephone Number Drivers Permit Number Email Address

ACCIDENT INFORMATION

Date _____ Time _____ Place where the accident occurred _____

Was the accident reported to the police? YES NO

If YES is checked above _____
Name of Police Officer _____ Police Station _____ Date of Notification _____

State the circumstances causing the Accident/Loss (include name and registration no. of the other vehicles involved)



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Motor Accident Claim Form (Continued)

(Please use block capitals and do not leave blanks or answer a question with a dash)

CLAIM DETAILS INFORMATION

DAMAGE TO INSURED VEHICLE INFORMATION

Description of Damage _____

Where can the vehicle be inspected _____

Estimated cost of damage \$ _____

THIRD PARTY PROPERTY DAMAGE INFORMATION

Registration Number _____

Owner _____
Surname First Name Middle Name

Address _____
Street City Country

Telephone Number (868) _____ (868) _____ Email Address _____
Primary Secondary

Additional vehicle involved in accident

Registration Number _____

Driver _____
Surname First Name Middle Name

Address _____
Street City Country

Telephone Number (868) _____ (868) _____ Email Address _____
Primary Secondary

Extent of Damage _____

Signature: _____
Print Name Signature

Date: _____