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THIRD PARTY CLAIM REPORT

PLEASE ANSWER EACH OF THESE QUESTIONS COMPLETELY

THIRD PARTY PROPERTY DAMAGE

Name _____ Vehicle no: _____

Address: _____ Phone no: _____

Occupation: _____

Insurer: _____ VAT registration: _____

Name of driver: _____

Address: _____

Phone no: _____ Driver's licence no: _____ Issue date: _____ Expiry date: _____

Date of accident: _____ Time: _____ Reported: _____

Accident location: _____

Police station: _____ Officer: _____

Details of damage: _____

THIRD PARTY PERSONAL INJURY

Name of injured: _____ Phone no: _____

Address: _____

Occupation: _____ Age: _____

Details of injury: _____

DETAILS OF ACCIDENT

Claimant's signature: _____ Date: _____

SKETCH: Please make a rough sketch of the accident location showing the direction of vehicles and where applicable the positions of traffic lights, signs, warnings etc.

THE COMPLETION OF THIS FORM IS IN NO WAY AN ADMITTANCE OF LIABILITY BY THE BEACON INSURANCE COMPANY LIMITED OR ITS POLICY HOLDER

FOR OFFICIAL USE ONLY

Name of insured: _____ Vehicle no: _____

Policy no: _____ Period: _____ To: _____

Name of driver _____ Age: _____

Driver's licence no: _____ Issue date: _____ Expiry date: _____