



# Traders Insurance Company

1st Floor Alexander Building, Beach Road, San Jose Village  
P.O. Box 502473, Saipan, MP 96950  
Tel: (670) 234-7788/7789/7798/7799 Fax: (670) 234-8899

## AUTOMOBILE - NOTICE OF ACCIDENT Third Party Property Damage/Bodily Injury

<b>Claim No.</b>	:	_____		
Name of Claimant	:	_____	Driver's License No.	:
Address	:	_____	Driving Experience	:
Occupation/Designation	:	_____	Expiration Date	:
Work Phone No	:	_____	Age	:
Home Phone No	:	_____		

### The Third Party Vehicle Involved in the Accident

Name of Driver	:	_____	Age	:	_____
Address	:	_____	Vehicle - Year	:	_____
Work Phone No.	:	_____	Model	:	_____
Home Phone No.	:	_____	Color	:	_____
Driver's License No.	:	_____	License Plate No.	:	_____
Where can the third party vehicle be inspected? _____					

### The Accident

Date : \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Estimated speed of vehicle at the time of the accident: \_\_\_\_\_

How the accident occurred? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please draw a rough sketch of the road indicating the position of the vehicle or person at the time of the accident

**PARTICULARS OF THIRD PARTY CLAIM**

**Property Damage**

Description of Property : \_\_\_\_\_  
Owner of the Property : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_  
Details of Damage : \_\_\_\_\_

**Bodily Injury**

Name : \_\_\_\_\_  
Age : \_\_\_\_\_  
Address : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_  
Details of injuries sustained: \_\_\_\_\_

**Witnesses**

Names and addresses of all persons (other than the driver) in the Insured vehicle at the time of the accident)

Name	Address	Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and addresses of any other persons who witnessed the accident

Name	Address	Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DECLARATION**

I certify that all of the statements set forth on this form are true to the best of my recollections and knowledge. All relevant and material facts have been stated. I further declare that I have suffered NO PERSONAL INJURY of any kind, and unless I have indicated above, no one else in my car suffered injury to my knowledge.

**Signature of Claimant** : \_\_\_\_\_ **Date** : \_\_\_\_\_

**Signature of Driver** : \_\_\_\_\_ **Date** : \_\_\_\_\_



# Traders Insurance Company

1st Floor Alexander Building, Beach Road, San Jose Village  
P.O. Box 502473, Saipan, MP 96950  
Tel: (670) 234-7788/7789/7798/7799 Fax: (670) 234-8899

## AUTOMOBILE NOTICE OF ACCIDENT (INSURED)

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Address : \_\_\_\_\_

Policy No : \_\_\_\_\_

Work Phone No : \_\_\_\_\_

Home Phone No : \_\_\_\_\_

Driver's License No. : \_\_\_\_\_

Driving Experience : \_\_\_\_\_

Expiration Date : \_\_\_\_\_

Age : \_\_\_\_\_

### The Insured Vehicle Involved in the Accident

Name of Driver : \_\_\_\_\_

Address : \_\_\_\_\_

Work Phone No. : \_\_\_\_\_

Home Phone No. : \_\_\_\_\_

Driver's License No. : \_\_\_\_\_

Age : \_\_\_\_\_

Vehicle - Year : \_\_\_\_\_

Make/Model : \_\_\_\_\_

Color : \_\_\_\_\_

License Plate No. : \_\_\_\_\_

Where can the insured vehicle be inspected? \_\_\_\_\_

Was the insured vehicle being used for private, business or hire purposes? \_\_\_\_\_

### The Accident

Date : \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Estimated speed of vehicle at the time of the accident: \_\_\_\_\_

How the accident occurred? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please draw a rough sketch of the road indicating the position of the vehicle or person at the time of the accident

**Particulars of damage to insured vehicle**

---

---

---

**Third Party Property Damage**

Description of Property : \_\_\_\_\_  
Owner of the Property : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_  
Details of Damage : \_\_\_\_\_

**Third Party Bodily Injury**

Name : \_\_\_\_\_  
Age : \_\_\_\_\_  
Address : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_  
Details of injuries sustained : \_\_\_\_\_

**Names and addresses of all persons (other than the driver) in the Insured vehicle at the time of the accident)**

Name	Address	Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Names and addresses of any other persons who witnessed the accident**

Name	Address	Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Declaration**

I/We hereby declare that the foregoing particulars to be true in every respect, and that I/We have no other policy of insurance indemnifying me/us in respect of this accident, and I/we undertake to assist Traders Insurance Company within my/our power in dealing with the matter.

**Signature of Insured** : \_\_\_\_\_ **Date** : \_\_\_\_\_

**Signature of Driver** : \_\_\_\_\_ **Date** : \_\_\_\_\_