

# CLAIM FORM – THIRD PARTY MOTOR VEHICLE

The issue of this form is not to be taken as admission of liability.

## CLAIMANT

Name			
Insurers			
Occupation			
Policy No.		Type	
Address			
Telephone			

## MOTOR VEHICLE

Make		Type		
Value		Year of Reg.	CC	
Motor Veh. Reg No				
Is Vehicle subject to hire purchase or loan agreement?				
If Yes, give details				
In whose name is the vehicle registered?				
Attach Certified copies of Blue/Red book.				

## DRIVER OF VEHICLE

Name				
Age				
Address				
Driving Licence No		Groups Covered		
Date & place of issue (attach certified copies)				

## PARTICULARS OF ACCIDENT

Date		Time		
Place				
Speed of Vehicle		Km per hour		
Type of road Surface				
What warning was given by your driver?				
Other Driver				

## DAMAGE TO VEHICLE

State extent of damage	
Estimated cost of repairs (attach three quotations)	
Where can the vehicle be inspected?	

## OTHER PROPERTY DAMAGE

Type of Property	
Nature of damage	
Estimated cost (attach quotations)	

## PERSONAL INJURIES

Name and Address of Injured Person	
In whose vehicle were they traveling if any?	
Nature of injuries	

## POLICE EVIDENCE

Did a Police Officer take particulars of accident?	
If yes, give his Service number	
Police Station Advised	
Date	

## DETAILS OF OCCURRENCE

Explain fully how the accident occurred.

## DECLARATION:

I/We hereby declare the foregoing particulars to be true in every respect I/We undertake to render the Corporation all possible assistance in dealing with this matter.

SIGNATURE (IF A LIMITED COMPANY, GIVE STATUS OF SIGNATORY): .....

DATE: .....