

THIRD PARTY CLAIM FORM Claim number Client **Incident driver** Incident driver's name ID no. of incident driver Home tell no. Work tell no. Fax no. Cell no. **Email** Registered owner of the vehicle Full names Home tell no. Work tell no. Fax no. Cell no. **Email** Who will be the contact/liaison person on your side for purposes of this claim Name Home tell no. Work tell no. Fax no. Cell no. **Email** Who do we contact to make arrangements to assess the vehicle? Contact person if different from the above Home tell no. Work tell no. Fax no. Cell no. Fmail Where can your vehicle be assessed Vehicle details Registration number (the number that appears on your number plate) Year model Is your vehicle drivable YES 🔘 NO O Where is your vehicle located during the day (please provide the full address) Was your vehicle towed from the accident scene YES 🔘 NO O Please note that if your vehicle is standing at a towing company/panel-beater's premises, we will NOT pay for the storage, security and administration cost. When a decision is made to pay the claim we will compensate you for only the reasonable first towing costs. We do not pay for car hire cost, unless the vehicle is used for business purposes to generate income and proof will be required (Attach copy pf your policy schedule to reflect car hire option on your policy OR letter from your Company confirming that the vehicle is used for business purposes and it need to include your employee number, your daily duties and your occupation. Witness Name

Work tell no.

Email

Home tell no.

Cell no.

Fax no.



Please give a detailed description of how the incident happened Incident sketch Please draw a sketch showing how the incident happened and indicate where you were at the time of the incident	Incident sketch	Incident description	
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WITNESS STATEMENT FORM

Witness details					
Full names					
Home address					
Business address					
Home tell no.	Work tell no). 		Cell no.	
Email					
When, where and how did the	incident happen				
Date of accident	Time				
		V	isibility	_	
Street/intersection			•		
Suburb/town	_				
Vehicles involved	_				
Did you have a clear view of th	e incident				
Where were you at the time o					
Were there any other witnesse	-	YES O NO (nes and contact details
Incident description					
Incident description Please give a detailed descript	ion of how the incident happ	pened			
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Signature	Date					