

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. _____ Email _____
 Where can your vehicle be assessed _____

Vehicle details

Registration number (the number that appears on your number plate) _____
 Vehicle make _____ Year model _____ Is your vehicle drivable YES NO
 Where is your vehicle located during the day (please provide the full address) _____

Was your vehicle towed from the accident scene YES NO

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 of 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 _____
 Home tell no. _____ Work tell no. _____ Fax no. _____
 Cell no. _____ Email _____

Incident sketch

Please draw a sketch showing how the incident happened and indicate where you were at the time of the incident



Signature _____

Date _____