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THIRD PARTY CLAIM FORM (PLEASE FILL IN ALL BLANK SPACES)
(MOTOR INSURANCE)

NB: ALL CLAIMS NOTIFIED ARE SUBJECT TO THE PREMIUM PAYMENT WARRANTY

Please answer every question here and overleaf and thus avoid delay in the settlement of your claim

Policy No.:

Claim No.:

THE ISSUE OF THIS FORM DOES NOT IMPLY ADMISSION OF LIABILITY ON THE PART OF THE INSURANCE COMPANY.

A. PARTICULARS OF INSURED	
Name:	.....
Make and Type:	.....
Registration No:	.....
B. THIRD PARTY CLAIMANT	
Name:	.....
Occupation:	.....
Address:	.....
E-mail Address	.....
Insurers:	.....
Policy No:	.....
Type of Policy:	.....
Telephone No:	Private: Business: e-mail.....

<p>C. VEHICLE CONCERNED</p> <p>Make and Type:</p> <p>Value of Motor Vehicle: (attach evidence)</p> <p>Year of Registration:</p> <p>Registration No:</p> <p>Is vehicle subject to hire purchase or loan agreement:</p> <p>Who is the owner?:</p> <p>(Attach certified copies of White/Book)</p>	
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<p>D. PERSON DRIVING AT TIME OF ACCIDENT</p> <p>Name in full:</p> <p>Address:</p> <p>Date of Birth:</p> <p>Driving Licence No:</p> <p>Date and place of issue: (Attach certified copies)</p>	
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<p>PARTICULARS OF ACCIDENT</p> <p>Date and time of accident:</p> <p>Place of accident:</p>	
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<p>F. DAMAGE TO VEHICLE</p> <p>Details of damage:</p> <p>Where vehicle can be inspected:</p> <p>Repairers Name and address:</p> <p>Telephone No:</p>	
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<p>G. OTHER PROPERTY DAMAGE</p> <p>Type of property:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Estimated cost: (Attach quotations)</p>	<p>Nature of damage:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>H. INJURIES TO PERSONS</p> <p>Name and addresses of injured person(s)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Attach medical reports)</p>	<p>Nature of Injuries:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>I.</p> <p>Did a Policeman witness or take particulars?:</p>	
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<p>If so, give his number, name and Police Station which he is attached:</p> <p>Police Station where accident reported:</p>	<p>.....</p> <p>.....</p>
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J. ROUGH PLAN OF THE ACCIDENT

STATE CAREFULLY WHAT OCCURRED

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I/we declare the foregoing particulars to be true and correct, and undertake to render the Company every assistance in my/our dealing with the matter.

**ADDITIONAL PERSONAL DETAILS AS PER REQUIREMENTS OF THE FINANCIAL INTELLIGENCE CENTRE ACT
No 46 OF 2010**

A. PARTICULARS OF THE BENEFICIAL OWNER	
Full Name and Title:	..... .....
Gender:	..... .....
NRC/ID No/ Company No:	..... .....
Date and place of birth/ Incorporation:	..... .....
Physical address/Registered office	...............

Please ensure that copies of ID documents for the above noted are submitted together with all other claim documents.

Dated: Signature: