



MOTOR THIRD PARTY CLAIM FORM

CLAIMANT INFORMATION

Name (First, Middle Name, Surname or Company) ¹		Date of Birth: dd/mm/yyyy ²	
Address ³		Contact Number ⁴	
Occupation / Nature of Business ⁵	Email ⁶	VAT Registration Number ⁷	BIR Number ⁸

DAMAGE TO VEHICLE

VEHICLE DETAILS:			
Registration Number ⁹	Make & Model ¹⁰	Year of Manufacture ¹¹	
Insurer ¹²	Policy Number ¹³	Estimate for Repairs ¹⁴	Number of Passengers in the vehicle at the time of loss ¹⁵
Details of Damage ¹⁶	Name & Address of Repairer ¹⁷		

DRIVER DETAILS:

Name (First, Middle Name, Surname) ¹⁸		Relationship to Owner ¹⁹	Contact Number ²⁰	
Address ²¹		Occupation / Nature of Business ²²	Email ²³	
Date of Birth: dd/mm/yyyy ²⁴	Driver's Permit Number ²⁵	Class ²⁶	Date of Issue: dd/mm/yyyy ²⁷	Expiry Date: dd/mm/yyyy ²⁸

DAMAGE TO OTHER PROPERTY DAMAGE

Location of property / building ²⁹	Details of Damage ³⁰

PERSONAL INJURIES³¹

NAME 1		NAME 2	
Address		Address	
Phone Number	Age	Phone Number	Age
Nature of Injury	Nature of Injury		

PERSONAL INJURIES (Cont'd)

Was this injured person treated in a Medical Institution? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, complete below)		Was this injured person treated in a Medical Institution? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, complete below)	
Where treated	Date treated: dd/mm/yyyy	Where treated	Date treated: dd/mm/yyyy
Details		Details	

ACCIDENT DETAILS

Date of Accident: dd/mm/yyyy ³²	Time ³³ <input type="checkbox"/> AM <input type="checkbox"/> PM	Location ³⁴	
Date Reported to Police: dd/mm/yyyy ³⁵	Police Station ³⁶	Name of Police Officer ³⁷	Police Officer's Badge Number ³⁸

STATEMENT OF DRIVER³⁹ Please state fully the particulars or circumstances leading to the accident, and what happened after.

SKETCH⁴⁰ Please make a rough sketch of the accident location showing the direction of vehicles and where applicable the positions of traffic lights, signs, warnings etc.

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Claimant's Signature & Company Stamp (if applicable)	Driver's Signature	Date: dd/mm/yyyy

THE COMPLETION OF THIS FORM IS IN NO WAY AN ADMITTANCE OF LIABILITY BY THE MOTOR ONE INSURANCE COMPANY LIMITED OR ITS POLICYHOLDER

SUPPORTING DOCUMENTS ATTACHED: I.D. Card Driver's Permit Coverage Letter VAT Letter Certified Copy of Ownership
 Medical Report Bills Other:

OFFICIAL USE ONLY

Name of Insured	Reg. No	Name of Driver	Policy Number	Policy Period: dd/mm/yyyy	Coverage
				From: To:	<input type="checkbox"/> TP <input type="checkbox"/> TPF <input type="checkbox"/> COM
Date Received: dd/mm/yyyy	Branch/Agent/Broker	Received by	Signature		