



## MOTOR THIRD PARTY CLAIM FORM

### CLAIMANT INFORMATION

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

### DAMAGE TO VEHICLE

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

### DRIVER DETAILS:

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

### DAMAGE TO OTHER PROPERTY DAMAGE

Location of property / building <sup>29</sup>	Details of Damage <sup>30</sup>

### PERSONAL INJURIES<sup>31</sup>

<b>NAME 1</b>		<b>NAME 2</b>	
Address		Address	
Phone Number	Age	Phone Number	Age
Nature of Injury	Nature of Injury		

