

MOTOR THIRD PARTY CLAIM FORM

CLAIMANT INFORMATIO	N											
Name (First, Middle Name, Surname or Company) ¹							Date of Birth: dd/mm/yyyy²					
Address ³							Contact Number ⁴					
Occupation / Nature of Business ⁵			Email ⁶	Email ⁶				VAT Registration Number ⁷			BIR Number ⁸	
DAMAGE TO VEHICLE												
VEHICLE DETAILS:												
Registration Number ⁹ Ma		Make &	Model ¹⁰	Year of Manufacture ¹¹				acture 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 & Ad	r ¹⁷					
DRIVER DETAILS:												
Name (First, Middle Name, Surname) 18 Relationship					to Own	to Owner ¹⁹			Contact Number ²⁰			
Address ²¹				Occupation / Nature of Business ²²				Email ²³				
Date of Birth: dd/mm/yyyy ²⁴	Driver's Per	Driver's Permit Number ²⁵			Class ²⁶ Dat		ate of Issue: dd/mm/yyyy ²⁷ Ex		Expiry Date: dd/mm/yyyy ²⁸			
DAMAGE TO OTHER PRO	PERTY DA	MAGE										
Location of property / building ²⁹					Details of Damage ³⁰							
PERSONAL INJURIES ³¹												
NAME 1						NAME 2						
Address					Address							
Phone Number			Age		Phone Number				Age			
Nature of Injury					Natur	e of Injury						

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Received by

Date Received:

dd/mm/yyyy

Branch/Agent/Broker

To:

Signature

□ сом