

THIRD PARTY MOTOR VEHICLE ACCIDENT CLAIM FORM
PARTICULARS OF THE THIRD PARTY

 Name of Owner of Vehicle Occupation
 Address e-mail
 Telephone No: Bus Home Cell

PARTICULARS OF THIRD PARTY DRIVER

 Name of driver at time of occurrence Date of Birth
 Address of driver
 Is driver (a) owner (b) owner's employee or (c) owner's relative or friend? (Tick as appropriate)
 If (b) or (c), did you authorize the journey?
 When and where was the driver first licensed to drive?
 Class of vehicle(s) licensed to drive?..... Current Licence No. Date of Issue

PARTICULARS OF THIRD PARTY'S VEHICLE

Registration Letters & No.	Make of Vehicle and Maker's No.	Type of Body (Sedan, Lorry, etc)	Year of Make	Horse Power	For what exact purpose was vehicle being used? (full information)

DAMAGE TO THIRD PARTY'S VEHICLE

 Full extent of damage
 Place where damaged vehicle can be seen
 Have you given instructions for repairs to be started?..... Estimated cost of repairs \$.....

PARTICULARS OF THE OTHER DRIVER/S INVOLVED IN THE ACCIDENT

 1) Name Registration No. of other vehicle
 Address
 Full Extent of personal injuries and/ or damage to property.....
 2) Name..... Registration No. of other vehicle
 Address.....
 Full extent of personal injuries and/or damage to property

PLEASE COMPLETE PAGE 2 OVER LEAF

CIRCUMSTANCES OF ACCIDENT, LOSS OR DAMAGE

Date of Accident Timeam/pm Place

Which of your lights were on? What was your speed?km/h

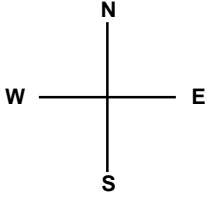
Describe (a) Road Conditions (b) Traffic Conditions (c) Visibility

Give full description of how the accident, loss or damage occurred:
.....
.....
.....
.....

Date Driver's Signature

SKETCH

Please make a rough sketch showing road widths and position of vehicles indicating how far vehicles were from side of road. Indicate with arrow the directions in which they were moving.



WITNESSES

Names and addresses of your passengers

Names and addresses of other witnesses

Was any statement as to fault made by witnesses or drivers at the time? If so, give details:

To which Police Station was the occurrence reported? Date of report

Name/Number of Police Officer who took particulars Police Ref: No.

DECLARATION

I/We declare that, to the best of my/our knowledge and belief, these statements are true and I/We undertake to render the Company every assistance in my/our power in dealing with this matter.

Date Signature of Third Party

(If Third Party is a Company or firm the designation of the person signing must be given and the Company stamp affixed)

Designation..... Company Stamp