

THIRD PARTY CLAIM FORM

Claim number _____ Client _____

Driver involved in the incident

Incident driver's name _____ ID no. of incident driver _____

Home tel no. _____ Work tel no. _____ Fax no. _____

Cell no. _____ Email _____

Registered owner of the vehicle (if different to driver involved in incident)

Full names _____

Home tel no. _____ Work tel no. _____ Fax no. _____

Cell no. _____ Email _____

Who is the contact/liaison person on your side regarding this claim

Name _____

Home tel no. _____ Work tel no. _____ Fax no. _____

Cell no. _____ Email _____

Who may we contact to make arrangements to assess the vehicle

Contact person if different from the above _____

Home tel no. _____ Work tel no. _____ Fax no. _____

Cell no. _____ Email _____

Where can your vehicle be assessed _____

Vehicle details

Vehicle registration number (the number that appears on your number plate) _____

Vehicle make _____ Vehicle model _____

Year model _____ Is your vehicle driveable YES NO

Where is your vehicle located during the day (please provide the full address) _____

Was your vehicle towed from the accident scene YES NO

Please note that if your vehicle is standing at a towing company/panel beater's premises, we will not pay for the storage, security and administration cost.

- When we make the decision to pay the claim we will only compensate you for the first towing costs (if reasonable).

We do not pay for car hire, unless the vehicle is used for business purposes to generate income and if so, proof of business use will be required.

Witness details: (If an independent person(s) witnessed the incident and if you are able to contact them, please ask them if they are willing to provide evidence by completing the attached witness statement. Please note that the witness may not be a passenger in your vehicle.)

Witness

Name _____

Home tel no. _____ Work tel no. _____ Fax no. _____

Cell no. _____ Email _____

Incident description

Please give a detailed description of how the incident happened

Incident sketch

Please draw a sketch showing how the incident happened and indicate your position on the sketch at the time of the incident

Declaration

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Protection of Personal Information

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Signature _____

Date _____

WITNESS STATEMENT FORM

Witness details

Full names _____
Home address _____
Business address _____
Home tel no. _____ Work tel no. _____ Cell no. _____
Email _____

When, where and how did the incident happen

Date of incident _____ Time _____
Weather conditions _____ Visibility _____
Street/intersection _____
Suburb/town _____
Vehicles involved _____
Did you have a clear view of the incident _____
Where were you at the time of the incident _____
Were there any other witnesses at the incident scene YES NO If YES, please give us their names and contact details

Incident description

Please give a detailed description of how the incident happened

Incident sketch

Please draw a sketch showing how the incident happened and indicate your position on the sketch at the time of the incident



Signature _____

Date _____