

# Uninsured Third Party Claim Form



NAME

(FIRST NAMES)

(SURNAME)

ADDRESS

BUSINESS  
ADDRESS

PHONE NO.

(PRIVATE)

(BUSINESS)

1. Details of your vehicle:

Year..... Make..... Model..... Registration No.....

Pre-Accident Value \$.....

Licence Details: Licence No..... Type: LEARNER / RESTRICTED / FULL

2. Does a finance company or any other person have an interest in the vehicle? If YES, give details:

.....

3. Is there any insurance on the vehicle or accessories? Yes  No  If Yes, give details:

.....

4. What is the name and address of the driver of your vehicle?

.....

5. What is the name and address of the owner of your vehicle?

.....

6. When did the accident occur? Date..... Time.....am/pm

7. Where did the accident occur? Street.....

Town.....

8. Where is your vehicle at present? .....

9. What is the damage to your vehicle? .....

10. Did the driver of your vehicle consume any intoxicating liquor or take any drugs in the 12 hours prior to the accident?

Yes  No  If Yes, give details.....

11. Did a Police Officer attend? Yes  No  If Yes, give details:

(a) Name or Number..... (b) Station or Depot.....

12. Details of our Insured:

Name.....

Policy No..... Claim No.....

13. Details of our Insured's vehicle:

Year..... Make..... Model..... Registration No.....

