MOTOR THIRD PARTY CLAIM FORM

CLAIMANT INFORMATION

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

DAMAGE TO VEHICLE

VEHICLE DETAILS:

Registration Number[9]	Make & Model[10]	Year of Manufacture[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 & Address of Repairer[17]

DRIVER DETAILS:

Name (First, Middle Name, Surname) [18]	Relationship to Owner[19]	Contact Number[20]

Address[21]	Occupation / Nature of Business[22]	Email[23]

Date of Birth: dd/mm/yyyy[24]	Driver's Permit Number[25]	Class[26]	Date of Issue: dd/mm/yyyy[27]	Expiry Date: dd/mm/yyyy[28]

DAMAGE TO OTHER PROPERTY DAMAGE

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		Nature of Injury	

PERSONAL INJURIES (Cont'd)

Was this injured person treated in a Medical Institution? ☐YES ☐NO *(if yes, complete below)*		Was this injured person treated in a Medical Institution? ☐YES ☐NO *(if yes, complete below)*	
Where treated	Date treated: dd/mm/yyyy	Where treated	Date treated: dd/mm/yyyy
Details		Details	

ACCIDENT DETAILS

Date of Accident: dd/mm/yyyy[32]	Time[33] ☐AM ☐ PM	Location[34]	
Date Reported to Police: dd/mm/yyyy[35]	Police Station[36]	Name of Police Officer[37]	Police Officer's Badge Number[38]

STATEMENT OF DRIVER[39] Please state fully the particulars or circumstances leading to the accident, and what happened after.

SKETCH[40] Please make a rough sketch of the accident location showing the direction of vehicles and where applicable the positions of traffic lights, signs, warnings etc**.**

Claimant's Signature & Company Stamp (if applicable)	Driver's Signature	Date: dd/mm/yyyy

THE COMPLETION OF THIS FORM IS IN NO WAY AN ADMITTANCE OF LIABILITY BY THE GENERAL ACCIDENT INSURANCE COMPANY LIMITED OR ITS POLICYHOLDER

SUPPORTING DOCUMENTS ATTACHED: ☐I.D. Card ☐Driver's Permit ☐Coverage Letter ☐VAT Letter ☐Certified Copy of Ownership ☐Medical Report ☐Bills ☐Other:

OFFICIAL USE ONLY

Name of Insured	Reg. No	Name of Driver	Policy Number	Policy Period: dd/mm/yyyy	Coverage
				From: To:	☐ TP ☐ TPF ☐ COM

Date Received: dd/mm/yyyy	Branch/Agent/Broker	Received by	Signature