IF THIRD PARTY HAS BEEN INJURED OR DAMAGE HAS BEEN CAUSED TO THE VEHICLE OR OTHER PROPERTY OF THIRD PARTY, PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTIONS:

1. Name and address of person injured or owner of other vehicle or property damaged _____

_____

2. Nature of bodily injury _____

3. Nature of damage other Vehicle or property _____

4. Make of other Vehicle _____ Registration No. _____

5. Has any claim been made against you? _____

6. Insurance Policy number of involved vehicle _____ of _____ company.

N.B. In no circumstances will payments in respect of the above be entertained without the written approval of the company.

PLAN

(Please draw a diagram of the accident scene)

I solemnly declare that to the best of my knowledge and belief the foregoing particulars are true and correct in every respect, and authorise you to lodge a claim on my behalf against the third party (if any).

Date _____ 20

Witness _____

N.B. All questions must be answered

Insured's Signature