



Guardian Group

Guardian General Insurance Limited

THIRD PARTY ACCIDENT/LOSS REPORT FORM

CLAIM NO.:

NAME OF OWNER / CLAIMANT:		VEHICLE NO.:
ADDRESS:		MAKE OF VEHICLE:
PROFESSION / OCCUPATION:		PHONE NO.:
EMPLOYER:	ADDRESS:	
NAME OF INSURANCE COMPANY:		
TYPE OF COVERAGE:	POLICY NO.:	EXPIRY DATE:
EMAIL (WK):	(H):	VAT NO.:

DRIVER

NAME OF DRIVER:		DATE OF BIRTH:
ADDRESS:		PHONE NO.:
PROFESSION / OCCUPATION:		PERMIT NO.:
DATE OF ISSUE:		EXPIRY DATE:
DOES DRIVER OWN A VEHICLE:	YES <input type="checkbox"/> NO <input type="checkbox"/>	VEHICLE NO.:

GUARDIAN GENERAL INSURANCE CLIENT / INSURED

CLIENT'S NAME:		VEHICLE NO.:
DRIVER'S NAME & ADDRESS:		
DATE OF ACCIDENT / LOSS:		TIME:
LOCATION OF ACCIDENT / LOSS		
ADDRESS OF POLICE STATION:		DATE REPORTED:
NAME OF OFFICER / NUMBER:		
WAS THE INSURED, INSURED'S DRIVER AND/OR THIRD PARTY DRIVER BREATH TESTED AND/OR CHARGED WITH DRUNK DRIVING? Yes <input type="checkbox"/> No <input type="checkbox"/>		

DETAILS OF ACCIDENT / LOSS

SKETCH OF ACCIDENT / LOSS

WITNESSES (IMPORTANT)

NAME	ADDRESS	PHONE NO.

INJURY TO PERSONS

NAME	AGE	ADDRESS	NATURE OF INJURIES

SIGNATURE OF CLAIMANT

DATE