

METROCINT GENERAL INSURANCE COMPANY LIMITED

THIRD PARTY CLAIM REPORT

THIRD PARTY PROPERTY DAMAGE

NAME OF OWNER _____ VEHICLE NO _____
ADDRESS _____ PHONE _____
INSURER _____ POLICY NO _____ COVERAGE _____
POLICY EXPIRY DATE _____ VAT REGISTRATION _____
NAME OF DRIVER _____ DATE OF BIRTH _____
ADDRESS _____ PHONE _____
DRIVER'S LICENCE # _____ ISSUE _____ EXPIRE _____
DATE OF ACCIDENT _____ TIME _____ REPORTED _____
ACCIDENT LOCATION _____
POLICE STATION _____ OFFICER _____
DETAILS OF DAMAGE _____

THIRD PARTY PERSONAL INJURY

NAME OF INJURED _____ PHONE _____
ADDRESS _____
OCCUPATION _____ AGE _____
DETAILS OF INJURY _____

WHERE TREATED _____

DETAILS OF ACCIDENT

CLAIMANT'S SIGNATURE _____

DATE _____

THE COMPLETION OF THIS FORM IS IN NO WAY AN ADMITTANCE OF LIABILITY BY METROCINT GENERAL INSURANCE COMPANY LTD OR ITS POLICYHOLDER.

FOR OFFICIAL USE ONLY

Claim No _____

NAME OF INSURED _____ VEHICLE NO _____
POLICY NO _____ PERIOD _____ TO _____
NAME OF DRIVER _____ AGE _____
DRIVER'S LICENSE NO _____ ISSUE _____ EXPIRE _____