



**Registered Office**  
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## THIRD PARTY CLAIM REPORT

PLEASE ANSWER EACH OF THESE QUESTIONS COMPLETELY

### THIRD PARTY PROPERTY DAMAGE

Name: \_\_\_\_\_ Vehicle no. \_\_\_\_\_

Address: \_\_\_\_\_ Tel. no. \_\_\_\_\_

Occupation: \_\_\_\_\_

Insurer: \_\_\_\_\_ VAT registration no. \_\_\_\_\_

Name of driver: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel no. \_\_\_\_\_ Driver's licence no. \_\_\_\_\_ Issue date: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Date of accident: \_\_\_\_\_ (mm/dd/yy) Time: \_\_\_\_\_ Reported: \_\_\_\_\_

Accident location: \_\_\_\_\_

Police station: \_\_\_\_\_ Officer: \_\_\_\_\_

Details of damage: \_\_\_\_\_

### THIRD PARTY PERSONAL INJURY

Name of injured: \_\_\_\_\_ Tel. no. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Details of injury: \_\_\_\_\_

**DETAILS OF ACCIDENT**

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**Claimant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (mm/dd/yy)

**SKETCH:** 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.

**THE COMPLETION OF THIS FORM IS IN NO WAY AN ADMITTANCE OF LIABILITY BY THE BEACON INSURANCE COMPANY LIMITED OR ITS POLICY HOLDER**

**FOR OFFICIAL USE ONLY**

Name of insured: \_\_\_\_\_ Vehicle no. \_\_\_\_\_

Policy no. \_\_\_\_\_ Period: \_\_\_\_\_ To: \_\_\_\_\_

Name of driver: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's licence no. \_\_\_\_\_ Issue date: \_\_\_\_\_ Expiry date: \_\_\_\_\_