



Phoenix

Of Swaziland Assurance Company Ltd.

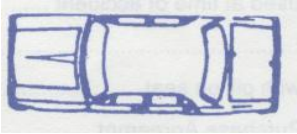
P.O. Box A113 Swazi Plaza – Corporate Place, Mbabane H101 Swaziland
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THIRD PARTY CLAIM FORM

(Please fill all the blank spaces)

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY

CLAIMANT	Name Insurers Occupation Policy No Type Address: Tel. No. E-mail Address: Fax No.
MOTOR VEHICLE:	Make Type Value..... Year of Reg CC Reg. No. Is vehicle subject to Hire Purchase or Loan Agreement Yes or No..... If Yes give details In whose Name is the Vehicle Registered Attach Certified copies of Registration Book
DRIVER OF VEHICLE:	Name Age..... Address Driving License No.....Group covered..... Date & Place of Issue (Attach certified copies) Was the driver sober? Was he driving with the owner's permission?.....
	Date Time Place

<p>PARTICULARS OF ACCIDENT</p>	<p>Speed of vehicle KM/M Ph Mileage.....</p> <p>Type of road surface</p> <p>What Warning was given by your driver</p> <p>.....</p> <p>Other Driver</p>										
<p>DAMAGE TO VEHICLE</p>	<p>State extent of damage</p> <p>Estimated Cost of Repairs</p> <p>(Attach quotation)</p> <p>Where can vehicle be inspected</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Show area of impact by arrow (←) and extent of damage by Crosses (x) on car diagram.</p> </div> </div>										
<p>OTHER PROPERTY DAMAGE</p>	<p>Type of Property</p> <p>Nature of Damage</p> <p>Estimated Cost</p> <p>(Attached quotations)</p>										
<p>PERSONAL INJURIES</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Name and Address of injured persons</td> <td style="width: 40%;">Nature of injuries</td> </tr> <tr> <td>Were they in cabin or trailer?</td> <td></td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table> <p>(Attach Medical Reports/Death Record)</p>	Name and Address of injured persons	Nature of injuries	Were they in cabin or trailer?	
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.....										
.....										
.....										
<p>POLICE EVIDENCE</p>	<p>Did a Police Officer take particulars of Accident?</p> <p>Yes or No</p> <p>If Yes give his Name Number</p> <p>Police Station Advice Date</p>										
<p>DETAILS OF</p>	<p>Explain fully how the Accident Occurred</p> <p>.....</p> <p>.....</p>										

OCCURRENCE	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
INSURED	<p>Name</p> <p>Occupation</p> <p>Address</p> <p>E-mail Address.....</p>
INSURANCE COVER	<p>Policy No:</p> <p>Type of Insurance:.....</p> <p>Period of Insurance:.....</p> <p>Date Premium Paid:</p>
LIABILITY FOR ACCIDENT	<p>Give reasons why you are claiming against the above Insured</p> <p>}</p> <p>}</p> <p>}</p> <p>}</p>
CONSENT BY INSURED	<p>We/I Holder of the above Policy, do hereby declare that we/I have no objection to the insurers using our above policy to settle the claim(s) from the Third Party subject to the Terms and Conditions therein.</p> <p>Signed:.....</p>
	<p>Name of Insured:.....</p> <p>Official Stamp (In case of Company)</p> <p>Date:.....</p>
DECLARATION	<p>I/We hereby declare the foregoing particulars to be True in Every Respect.</p> <p>I/We undertake to render the Company all possible assistance in dealing with this matter.</p>

	Signature	Date
	(If a Limited Company, give status of signatory)	

Documentation Required

1. Original Police Report.
2. Certified copy of valid Driving License.
3. 3 Repair estimates from Approved Garages.
4. Copy of Registration Book for Vehicle.
5. Copy of Certificate of Insurance.