

## **THIRD PARTY MOTOR LIABILITY CLAIM FORM**

The issue of this form on receipt of notice of accident is not an admission of liability and is issued without prejudice. No liability will be accepted for repairs done without the consent and agreement of the Company (NPI).

THIRD PARTY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ VEHICLE LICENCE # \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_ COLOUR \_\_\_\_\_

1. In Whose Name is the Vehicle Registered? \_\_\_\_\_

2. Is the Vehicle Under Mortgage, or Hire Purchase, or Bill of Sale Loan? \_\_\_\_\_

3. Details of Bank / Lender \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

4. Do you hold Collision & Comprehensive Insurance on this Vehicle? \_\_\_\_\_

5. Is the Vehicle in a Fit and Safe Condition to Drive? \_\_\_\_\_

6. Where and When May the Vehicle Be Inspected? \_\_\_\_\_

7. Was Any Person in Your Vehicle Injured By the Accident? \_\_\_\_\_

8. Name of Injured Person(s) & Nature of Injury?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What is Your Estimate of the Repair Cost for Damage ? \_\_\_\_\_

10. Who was at Fault and Responsible For the Accident ? \_\_\_\_\_

11. Was the Accident Reported To Police ? \_\_\_\_\_ Do You have a Report ? \_\_\_\_\_

12. Your Reasons For Thinking the Other Party was to Blame ? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **YOUR DRIVER SHOULD COMPLETE QUESTIONS 13 - 29:**

13. NAME IN FULL: \_\_\_\_\_

14. ADDRESS IN FULL: \_\_\_\_\_

15. PHONE: HOME \_\_\_\_\_ WORK: \_\_\_\_\_

16. LIC. NO. \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXPIRY: \_\_\_\_\_

**ACCIDENT DETAILS:**

17. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM / PM  
18. PLACE: \_\_\_\_\_  
19. Where was Your Vehicle Going To? \_\_\_\_\_  
20. Where had Your Vehicle Been ? \_\_\_\_\_  
21. Estimated Speed of Your Vehicle At Time of Accident \_\_\_\_\_ MPH  
22. Estimated Speed of the Other Party/Vehicle At Time of Accident ? \_\_\_\_\_ MPH  
23. Warning Signals Given By The Other Party? \_\_\_\_\_  
24. Who was at Fault and Responsible For This Accident ? \_\_\_\_\_  
25. Why ? ( Reasons): \_\_\_\_\_  
.....  
\_\_\_\_\_

26. What Amount of Liquor/ Beer did You /The Driver Consume in the Six Hours Before the Accident ? \_\_\_\_\_ When ? \_\_\_\_\_  
Where ? \_\_\_\_\_

27. Name, Address and Phone Contact of The Other Driver or Person Involved in the Accident ? : \_\_\_\_\_  
\_\_\_\_\_

28. Details of The Other Vehicle: License Plate # \_\_\_\_\_ Year: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color : \_\_\_\_\_

29. Details of Damage To the Other Vehicle: \_\_\_\_\_  
\_\_\_\_\_

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**SKETCH PLAN OF ACCIDENT: show position of all vehicles and persons involved with arrows to show direction. Mark the Other Vehicle “A” and Your Vehicle “B”**

I /We declare the particulars on this form to be true and correct in every respect and acknowledge that the completion of the form and signing of it by me/us is a claim on the Company (NPI) and not only a notice of accident. I/We further acknowledge that any untruth , misrepresentation or suppression by or on behalf of me/us in any declaration or statement in support of the claim made herein may make the claim void and unenforceable.

SIGNATURES

OWNER/ CLAIMANT : \_\_\_\_\_ DATE \_\_\_\_\_

DRIVER: \_\_\_\_\_ DATE: \_\_\_\_\_