



<b>7. OTHER PARTY</b>	NAME OF OTHER PARTY:..... ADDRESS:..... THEIR CONTACT NO: (H).....(W).....(CELL)..... EMAIL:..... DID THEY ADMIT GUILT TO ANYONE ELSE?: YES: <input type="checkbox"/> NO: <input type="checkbox"/> IF YES, WHO?:..... DAMAGE TO THEIR CAR..... ..... ..... THEIR INSURANCE COMPANY:..... ANY REFERENCE NO:.....																				
<b>8. NAME &amp; ADDRESS OF WITNESSES</b>	<table border="1"> <thead> <tr> <th>NAME/S</th> <th>ADDRESS</th> <th>CONTACT NO</th> <th>EMAIL</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> </tbody> </table>	NAME/S	ADDRESS	CONTACT NO	EMAIL	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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<b>9. NAME OF OCCUPANT/S OF INSURED VEHICLE</b>	NAME..... ADDRESS..... NAME..... ADDRESS..... NAME..... ADDRESS..... NAME..... ADDRESS..... <i>USE SEPARATE SHEET IF SPACE PROVIDED IS NOT SUFFICIENT</i>																				
<b>10. DAMAGE OF PROPERTY TO OTHER PERSONS</b>	NAME OF OWNER..... ADDRESS..... ..... KIND OF PROPERTY..... IF VEHICLE, GIVE MAKE..... REG NO..... ESTIMATED COST OF REPAIR..... HAS A CLAIM BEEN MADE AGAINST YOU?..... IS THE THIRD PARTY INSURED?..... GIVE INSURER'S NAME IF KNOWN..... IF OTHER PERSON/S PROPERTY WAS A MOTOR VEHICLE, HOW MANY PASSENGERS WERE IN THE VEHICLE?.....																				
<b>11. PERSON/S INJURED OR DECEASED</b>	NAME:..... NATURE OF INJURY/DEATH:..... NAME:..... NATURE OF INJURY/DEATH:..... NAME:..... NATURE OF INJURY/DEATH:.....																				

I DECLARE ALL INFORMATION CONTAINED HEREIN TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

NAME IN FULL.....  
DESIGNATION.....  
SIGNATURE..... DATE.....

IF FUNDS ARE TO BE TRANSFERRED DIRECTLY INTO AN ACCOUNT, PLEASE STATE:

BANK NAME:.....  
BRANCH:.....  
ACCOUNT NAME:.....  
ACCOUNT NUMBER:.....