

# Third-party Car Damage Claim Form

## Claimant Information

Full Name:

Contact Number:

Address:

Email:

## Vehicle Information

Vehicle Make:

Vehicle Model:

License Plate Number:

## Incident Details

Date of Accident:

Location:

Description of Accident:

## Other Party's Information

Other Driver's Name:

Other Driver's Contact Number:

Other Driver's Insurance Company:

**Submit Claim**