



Physical: 11 Louis Trichardt Street, Monument, Krugersdorp  
Postal: PO Box 1765, Florida, 1710  
Docex: Docex 37, Randburg  
Tel: 010 035 5203  
Email: melissa.olivier@arangiesinc.co.za  
Website: www.arangiesinc.co.za

### 3<sup>RD</sup> PARTY CLAIM FORM

CLIENT POLICY NUMBER: \_\_\_\_\_  
CLIENT CLAIM NUMBER: \_\_\_\_\_

#### ACCIDENT DETAILS

Date: \_\_\_\_\_

Place : \_\_\_\_\_

Witnesses and his/her contact details: \_\_\_\_\_  
\_\_\_\_\_

#### OUR INSURED

Full names: \_\_\_\_\_

Vehicle registration no: \_\_\_\_\_

Vehicle make & model: \_\_\_\_\_

#### YOUR DETAILS

Full name of driver: \_\_\_\_\_

Full name of owner: \_\_\_\_\_

E-mail address: \_\_\_\_\_



Vehicle registration no: \_\_\_\_\_

Vehicle make & model: \_\_\_\_\_

**YOUR DAMAGES**

Estimate for repairs per attached quotes: R \_\_\_\_\_

OR

Address where vehicle can be assessed: \_\_\_\_\_

\_\_\_\_\_

Contact person for assessment: \_\_\_\_\_

His/her contact details: \_\_\_\_\_

**DESCRIPTION OF ACCIDENT**

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





**ACCIDENT DIAGRAM (PLEASE DRAW)**

**DECLARATION**

I HEREBY DECLARE THAT ALL THE FOREGOING PARTICULARS ARE TRUE IN EVERY RESPECT.

THIS SIGNED AND SWORN TO, BEFORE ME, AT \_\_\_\_\_ ON THIS  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_,

THE DEPONENT HAVING ACKNOWLEDGED THAT HE/SHE HAS NO OBJECTION TO TAKING THE PRESCRIBED OATH AND THAT HE/SHE CONSIDERS THE CONTENTS OF THE OATH TO BE BINDING ON HIS CONSCIENCE.

Directors: R.R.H. Arangies B.Proc; LLB (RAU)

Associates: K. Searle BA LLB (UP)



Deponent Signature: \_\_\_\_\_

Commissioner of Oaths: \_\_\_\_\_

Directors: R.R.H. Arangies B.Proc; LLB (RAU)

Associates: K. Searle BA LLB (UP)