

Third Party Insurance General Claim



1

I WISH TO CLAIM AGAINST (HBF member's particulars) Mr Mrs Miss Ms

Claim/Policy Number

Surname

Given Name/s

Approximate Age

Address

Postcode

Make of Vehicle

Registration Number

Phone

2

VEHICLE OWNERSHIP DETAILS Mr Mrs Miss Ms

Surname

Given Name/s

Age

Address

Postcode

Occupation

Home Phone

Business

Mobile

Make of Vehicle

Registration Number

Auto Manual

Vehicle used for business, if yes what percentage?

Date Vehicle Purchased

Purchase Price

Is the vehicle subject to mortgage, bill of sale, hire purchase or vehicle lease? Yes No

If yes, to whom

Is the vehicle insured? Yes No

If yes, name of insurance company

Please state policy number

3

DRIVER DETAILS

At time of accident, the vehicle was driven by

Age

Phone

Driver's Licence Number

Class

Expiry Date

PLEASE TURN OVER

