



THIRD PARTY REPORT FORM

Gordon House
One Coney Drive, P.O. Box 661
Belize City, Belize

CLAIM NO. _____

1. DRIVER

- (a) Name and address of person driving at time of accident
- (b) Contact No.....Date of Birth.....Drivers Lic Class.....
- (c) State driving experience of driver..... Driver's licence No./expiry date

2. ACCIDENT

- (a) Date of Accident..... Time of Accident
- (b) Place of Accident..... Speed of car.....
- (c) Was the matter reported to the Police Department thereafter?.....
- (d) If so, at what Police Station?.....
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- (e) Whom do you consider responsible for the accident?

3. DAMAGE (if any) TO THIRD PARTY VEHICLE.

- (a) Full details of damage and probable cost of repair
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- Where can the Vehicle be examined? (Please state Garage telephone number if possible.)
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4. PERSONAL INJURY

- (a) Names and addresses of all persons injured and full particulars of injuries sustained

THIRD PARTY

Name & Contact #.....

Injuries Sustained.....

Name & Contact #.....

Injuries Sustained.....

- (b) Name & Address of Doctor or Hospital to which injured person(s) has been taken for treatment
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IMPORTANT

THIRD PARTY

Explanation of how the accident happened

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SKETCH PLAN

Please show the position on the Road of Vehicles, or Vehicle, at the point of impact, and indicate their direction and track immediately before the Accident. If any Vehicle, Persons or Obstacles were present influencing the Track of the Vehicles concerned, these should also be indicated.



Indicate North

- (X) Point of Impact
- (A) Your Vehicle
- (B) Other Vehicle