

Third Party Information



OWNER OF THE OTHER VEHICLE

Company Name: _____

First Name: _____ Surname: _____

ID Number: _____ Vehicle Registration Number: _____

Telephone: _____ Fax: _____

Cellphone: _____ Email: _____

Postal Address: _____ Code: _____

Physical Address: _____ Code: _____

DRIVER OF THE OTHER VEHICLE

First Name: _____ Surname: _____

ID Number: _____ Telephone: _____

Fax: _____ Cellphone: _____

Email: _____

DECLARATION

I hereby declare that all particulars and answers on this form and appendices are true and complete in every respect, and that no material fact has been suppressed or withheld. I further declare that if such statements and particulars are in the writing of any person other than myself such person shall be deemed to have been my Agent for the purpose of this form, and I agree that this declaration given, shall be the basis of the contract between myself and the Company.

Name: _____

Signature: _____ Date: _____

Underwritten by:



Old Mutual Insure Limited is a licensed FSP and Non-Life Insurer.