

**MOTOR VEHICLE ACCIDENT  
CLAIM FORM  
THIRD PARTY DETAILS**



**Telephone No. 011 045 8555**

**Fax No. 086 558 0080**

**Email: [claims@econorisk.co.za](mailto:claims@econorisk.co.za)**  
Click on the above link to email our claims consultants

Third party's first name:		Third party's surname:	
Third party's ID No.:		Cell No.:	
Home No.:	Work No.:	Fax No.:	
Address:			
			Code:
Vehicle:		Reg No.:	
Insurance Company:			
Policy No.:		Claim No.:	
Tel. No.:		Fax No.:	
Independent witness details			
Name:			
Tel. No.:			

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