

THIRD PARTY INFORMATION



MERX HCV

Merx Underwriting Managers (Pty) Ltd

Tel: 011 455 3838 Fax: 086 718 6753 Address: P.O. Box 4472, Atlasville, 1465

Physical Address: Building B, 13E Riley Road, Bedfordview, 2007

www.merxhcv.co.za

Merx HCV is an authorised financial services provider - FSP nr: 42991

Underwritten by:



OLD MUTUAL
INSURE

An Authorised Financial Services Provider (FSP12)

OWNER OF THE OTHER VEHICLE

Company Name	<input type="text"/>		
First Name	<input type="text"/>	Surname	<input type="text"/>
ID Number	<input type="text"/>		
Vehicle Registration Number	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Cell Phone	<input type="text"/>		
Email	<input type="text"/>		
Postal Address	<input type="text"/>		Code: <input type="text"/>
Physical Address	<input type="text"/>		Code: <input type="text"/>

DRIVER OF THE OTHER VEHICLE

First Name	<input type="text"/>	Surname	<input type="text"/>
ID Number	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Cell Phone	<input type="text"/>		
Email	<input type="text"/>		

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 uppressed 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 me and the Company.

Signature: _____ Date: _____