

THIRD PARTY INFORMATION



MERX HCV

A Division of Merx Underwriting Managers (Pty) Ltd

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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

First Name

Surname

ID Number

Vehicle Registration Number

Telephone

Fax

Cell Phone

Email

Postal Address

Code:

Physical Address

Code:

DRIVER OF THE OTHER VEHICLE

First Name

Surname

ID Number

Telephone

Fax

Cell Phone

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 me and the Company.

Signature: _____ Date: _____