

THIRD PARTY BROKER OR INSURER
Motor Third Party Claim



Name of Broker/Insurer _____
Date _____
E-mail address _____
For Attention _____

Without prejudice

Dear Sir/Madam _____
Re. Our Claim No _____
Our Insured _____
Your Policy Number _____
Date of Accident _____

We advise that we hold your client liable for damages to our Insured's vehicle, because:

_____ (state the reason)

(For example: YOUR CLIENT CAME FROM A SIDE ROAD, SKIPPED THE STOP STREET AND ENTERED A MAIN ROAD, SO CAUSING THE COLLISION.)

The repairs to our Insured's vehicle amounted to R _____ (fill in amount)

We enclose the assessed report and quotation and await our release as soon as possible.

Yours faithfully

Name

Name of Brokerage