

Third-Party Accident Loss Assessment

1. General Information

Assessment Date

YYYY-MM-DD

Assessor Name / Company

Name or Company

Third-Party Claimant Name

Claimant Name

Contact Number

Contact Number

Claim Reference No.

Reference Number

Policy Number

Policy Number

2. Incident Details

Accident Date & Time

YYYY-MM-DD / HH:MM

Accident Location

Location

Description of Incident

Brief incident details

3. Vehicle Information

Vehicle Make & Model

Make & Model

Registration Number

Registration No.

Year of Manufacture

Year

Chassis Number

Chassis Number

4. Damage Assessment

Damaged Part/Item	Description of Damage	Repair/Replace	Estimated Cost
Part/Item	Description	Repair/Replace	Cost

Total Estimated Cost

Total Cost

5. Additional Observations

Other notes, observations, or comments

6. Declaration

I hereby declare that the above assessment is true and correct to the best of my knowledge and belief.

Assessor Signature

Signature

Date

YYYY-MM-DD

Important Notes:

- This assessment template is for general guidance and may be adapted as per insurer or authority requirements.
- All estimates should be supported by photographs, invoices, or repairers' quotations if available.
- False or misleading information in this document may invalidate your claim.
- Retain a copy of this document for your records.