

Motor Vehicle Claim Form

THIS FORM MUST BE RETURNED TO THE COMPANY IMMEDIATELY WITH ALL QUESTIONS FULLY ANSWERED.

(The company does not admit liability by the issue of this form).

In the event of accident or damage to your Vehicle it is advisable in your own interest to immediately report to the Police.

1. Name of Insured _____
2. Address _____
Telephone No. _____ Cell No. _____
3. Policy No. _____
4. Make of Vehicle _____ Model _____ Registration No. _____
Chassis No _____ Engine No. _____
5. State date and time at which accident /theft/snatching occurred _____
6. Please explain how the accident/theft/snatching took place and for what purpose was the Vehicle being driven _____

7. At what speed was the Vehicle being driven? _____
8. Please state Driver's Name _____ License No. _____ Expiry Date _____
9. Was the driver, under the influence of alcohol or drug at the time of accident? _____
10. State names of all occupants of your Vehicle _____

11. Was the driver or any other occupant of your Vehicle injured? If so give particulars _____

12. Has the accident been reported to Police? _____ Did a Police Officer take particulars? _____
Did he witness the accident _____ State Police Officer's name _____
Station to which attached _____
13. State who in your opinion was to blame for accident and why _____

14. Name, address and occupation of such person responsible for accident _____

15. Is Police action pending against any person as a result of the accident? _____ If so against whom,
and what is the charge? _____
16. State estimated cost of repairs in your opinion _____
17. Where can the Vehicle be inspected and state your repairer _____

IF THIRD PARTY HAS BEEN INJURED OR DAMAGE HAS BEEN CAUSED TO THE VEHICLE OR OTHER PROPERTY OF THIRD PARTY, PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTIONS:-

1. Name & address of person injured or owner of other Vehicle or property damaged _____

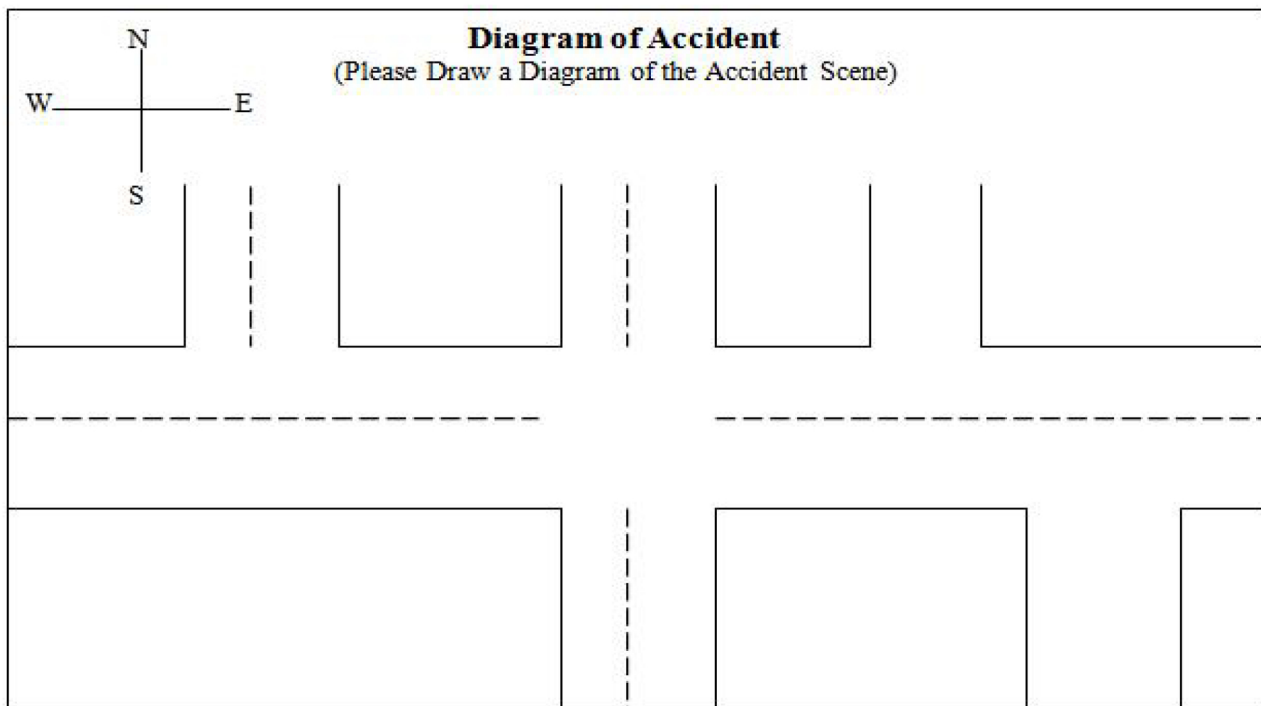
2. Nature of bodily injury _____

3. Nature of damage to other Vehicle or property _____

4. Make of other Vehicle _____ Registration No. _____

5. Has any claim been made against you? _____

Do not admit any liability in any circumstances. Immediately despatch to the Company unanswered, any written communication which may have been received.



I/We Solemnly declare that to the best of my/our knowledge and belief foregoing particulars are true and correct in every respect, and authorize you to lodge a claim on my/our behalf against the third party (if any).

Date _____ 20____

Insured's Signature

Stamp

N.B. :- Use extra sheet for providing additional information wherever necessary