

MOTOR VEHICLE CLAIM FORM

Claim No.: _____ Policy No.: _____

ALL QUESTIONS MUST BE ANSWERED FULLY. TICKS AND DASHED MUST BE AVOIDED. THIS CLAIM FORM, WHEN COMPLETED MUST BE RETURNED TO THE COMPANY WITHOUT DELAY. THE COMPANY DOES NOT ADMIT LAIBILITY BT THE ISSUE OF THIS FORM.

INSURED	NAME _____ OCCUPATION _____				
	HOME ADDRESS _____			HOME TEL No. _____	
	BUSINESS ADDRESS _____			BUSINESS TEL No. _____	
	EMAIL _____				
	IS THIS INSURED VAT REGISTERED? _____ IF YES, GIVE REGD. No VAT _____				
VEHICLE	MAKE	REG. No.	HP or CC	YEAR of MAKE	SUM INSURED
PURPOSE OF USE AT TIME OF ACCIDENT	FOR WHAT PURPOSE WAS THE VEHICLE BEING USED? _____				
	WAS THE VEHICLE IN USE WITH THE INSURED'S PERMISSION OR CONSENT? _____				
	WAS THE INSURED IN THE VEHICLE? _____ IF NOT, WHEN WAS THE ACCIDENT REPORTED TO HIM? _____				
DRIVER	NAME _____ DATE OF BIRTH _____				
	ADDRESS _____ OCCUPATION _____ TEL No. _____				
	DRIVING LICENCE No. _____ DATE OF FIRST ISSUE _____ DATE OF EXPIRY _____				
	I.D No. _____ CATEGORY OF LICENCE _____ CHECKED _____ (FOR OFFICE USE)				
	NOTE: THE DRIVER'S LICENCE MUST BE SENT TO THE COMPANY FOR INSPECTION.				
	HAVE YOU ANY PHYSICAL DEFECTS? _____ IF SO, GIVE DETAILS _____				
	HAVE YOU BEEN PROSECUTED FOR ANY MOTORING OFFENCES? _____ IF SO, GIVE DETAILS _____				
	HAS YOUR LICENCE BEEN ENDORSED OR SUSPENDED? _____				
	HAVE YOU EVER BEEN REFUSED A MOTOR VEHICLE INSURANCE OR CONTINUANCE THEREOF BY ANY INSURER? _____				
	IF YES , GIVE FULL DETAILS _____				
WITNESSES OF ACCIDENT	NAME AND ADDRESSES OF ALL WITNESSES				
	PASSENGERS		INDEPENDENT		
	HAVE YOU REPORTED THE ACCIDENT TO THE POLICE STATION? _____ IF SO, WHICH POLICE STATION _____				
DAMAGE TO INSURED'S VEHICLE	DO YOU ACCEPT RESPONSIBILITY FOR THE ACCIDENT? _____				
	IF NOT, WHO IN YOUR OPINION IS RESPONSIBLE FOR THE ACCIDENT? _____				
	IS POLICE TAKING ANY ACTION AGAINST YOU OR THE OTHER PARTY? _____				
	PARTICULARS OF DAMAGE TO INSURED'S VEHICLE _____				
	ESTIMATED COST OF REPAIRS Rs. _____ WHERE CAN THE VEHICLE BE INSPECTED? _____				
DAMAGE TO INSURED'S VEHICLE	HAS ANY PARTY A FINANCIAL INTEREST IN THE VEHICLE? _____ IF YES, GIVE DETAILS _____				
	NO REPAIRS TO BE CARRIED OUT TO THE VEHICLE UNLESS THE ESTIMATE OF REPAIRS IS APPROVED BY THE COMPANY.				

PARTICULARS OF OTHER PARTIES CONCERNED IN THE ACCIDENT	NAME		ADDRESS		MAKE & REGD. No.	INSURER
	(a) _____		_____		_____	_____
	(b) _____		_____		_____	_____
	(c) _____		_____		_____	_____
	DETAILS OF DAMAGE: (a) _____ (b) _____ (c) _____					
INJURIES	NAME AND ADDRESS OF INJURED	AGE	DRIVER OR PASSENGER IN OWN OR OTHER VEHICLE? RELATIONSHIP TO INSURED OR DRIVER		NATURE OF INJURIES	STATE HOSPITAL OR NAME AND ADDRESS OF DOCTOR CONSULTED
	_____	_____	_____		_____	_____
	_____	_____	_____		_____	_____
	_____	_____	_____		_____	_____
PARTICULARS OF ACCIDENT	DATE _____ TIME _____ AM/PM. PLACE _____					
	ROAD AND WEATHER CONDITIONS _____					
	AT WHAT SPEED WER YOU TRAVELLING AT TIME OF ACCIDENT? _____					
	WERE ANY TRAFFIC LIGHTS IN OPERATION AT ACCIDENT SCENE? _____ IF SO, WERE THEY IN YOUR FAVOUR? _____					
	IF THE ACCIDENT HAPPENED AT NIGHT, WERE THERE ANY ROAD LIGHTS AT ACCIDENT SCENE? _____					
	FULL DESCRIPTION OF ACCIDENT AND EVENTS LEADING UP TO ACCIDENT:					

ROUGH PLAN OF ACCIDENT	PLEASE SHOW NAMES AND APPROXIMATE WIDTH OF ROADS AND INDICATE TRACKS OF VEHICLE.					
<p>NOTE: ANY WRITTEN NOTTICE OF CLAIM RECEIVED MUST BE PASSED IMMEDIATELY TO THE COMPANY UNANSWERED. I/WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT AND I/WE UNDERTAKE TO RENDER THE COMPANY ALL POSSIBLE ASSITANCE IN DEALING WITH THIS MATTER.</p> <p>I/WE AGREE TO MAKE PAYMENT, ON DEMAND, UPON THE DUE REPAIRS TO REPAIRERS AUTHORISED BY THE COMPANY OF THE AMOUNT REPRESENTING THE EXCESS PAYABLE BY ME/US UNDER THE POLICY AND I/WE HEREBY ACKNOWLEDGE THAT THE SAID REPAIRERS SHALL BE ENTITLED TO HOLD AND RETAIN, AND EXERCISE A LIEN OVER THE SAID VEHICLE PENDING PAYMENT BY ME/US TO THEM OF THE AMOUNT OF SUCH EXCESS.</p>						
DATE _____		SIGNATURE OF DRIVER _____				
DATE _____		SIGNATURE OF INSURED _____				
INSURED BUSINESS REGISTRATION N ^o . _____						
THIS FORM MUST BE SIGNED BY THE INSURED AND THE DRIVER.						