

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 liability by the issue of this form.

INSURED	Name _____ Occupation _____ Home address _____ Home tel no. _____ Business address _____ Mobile no. _____ Email _____ Business Registration No. _____ Vat Registration 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 Check list: ASF <input type="checkbox"/> NIP <input type="checkbox"/> DL <input type="checkbox"/> HP <input type="checkbox"/> EOR <input type="checkbox"/>	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 _____ <div style="text-align: right;">(FOR OFFICE USE)</div> <p>NOTE: THE DRIVER'S LICENCE MUST BE SENT TO THE COMPANY FOR INSPECTION.</p> Were you under the influence of intoxicating liquor or drugs? _____ Have you any physical defects? _____ If so, give details _____ Have you been prosecuted for any motoring offences? _____ 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 _____ Do you own a motor vehicle? If yes, give reg. No. and insurer _____ Are you in the insured's employment? _____ If so, in what capacity and for how long _____ If not in the insured's employment state relationship to insured _____												
WITNESSES OF ACCIDENT	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Name and addresses of all witnesses</th> </tr> <tr> <th style="width: 50%; text-align: center;">Passengers</th> <th style="width: 50%; text-align: center;">Independent</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table> Have you reported the accident to the police station? _____ If so, which police station: _____ OB No.: _____ 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? _____					Name and addresses of all witnesses		Passengers	Independent				
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Passengers	Independent												
DAMAGE TO INSURED'S VEHICLE	Particulars of damage to insured's vehicle _____ Estimated cost of repairs Rs. _____ Where can the vehicle be inspected? _____ Has any party a financial interest in the vehicle? _____ If yes, give details _____ Is there duty on the vehicle? _____ <p>NO REPAIRS TO BE CARRIED OUT TO THE VEHICLE UNLESS THE ESTIMATE OF REPAIRS IS APPROVED BY THE COMPANY.</p>												

PARTICULARS OF OTHER PARTIES CONCERNED IN THE ACCIDENT	Name	Address	Make & reg. 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 were 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? _____				
	Reason for late notification of accident: _____				
	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 notice 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 assistance 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> <p>I/we also acknowledge that the withholding of information and/or intentional false declaration or misrepresentation of facts to this claim shall result in this claim being rejected and the insurance contract rendered void.</p> <p>The company will indemnify me/us under the terms, conditions and exception of my/our policy or in any Endorsement, in consideration of the payment of the premium for the Period of Insurance.</p>				
	Date _____	Signature of driver _____			
	Date _____	Signature of insured _____			
	Bank name: _____	Name of signatory _____			
	Bank Address: _____	Position of signatory _____			
	IBAN/BANK Acc no: _____				
	<p>THIS FORM MUST BE SIGNED BY THE INSURED AND THE DRIVER. FOR COMPANY VEHICLE THE BUSINESS REGISTRATION NUMBER MUST BE COMPLETED AND THE COMPANY SEAL AFFIXED ON THE DOCUMENTS.</p>				