

MOTOR CLAIM FORM

Claim No. :

Issuance of this Form is not be taken as an admission of Liability

" Please do not give any Third party information of particulars which you are not required by law to give and in no case admit your fault or make any payment or offer of payment without the written authority of the Company."

Answer all questions and fully. It will avoid unnecessary correspondence and consequent delay in the settlement of Claim.

1. Name of Insured (in full) :

2. Address :

3. Occupation :

4. The Insured Vehicle POLICY NO.

- (a) Make _____ (b) Horse Power _____
 (c) Registration No. _____
 (d) Price Paid by the insured _____ (e) Year of manufacture _____
 (f) Sum Insured _____
 (g) Purpose for which it was being used at the time of accident _____
 (h) Was it in proper order and condition at the time of accident ? _____
 (i) Was it being used with your knowledge and consent ? _____
 (j) If the claim is in respect of a Motor Cycle state whether a pillion passenger was being carried at the time of accident _____
 (k) If the claim is in respect of a Lorry : state whether a trailer was attached _____

5. The Person driving at the time of accident.

- (a) Full name of the person _____
 (b) His address _____
 (c) His age _____ (d) Is he your permanent paid driver ? _____
 (e) Date and number of Licence _____
 (f) Was it in force at the time of accident ? _____
 (g) Issue / Renewal _____ (h) Validity _____
 (i) Has it ever been endorsed of suspensad ? If so, give full details with dates _____
 (j) Was it being used with your knowledge and consent ? _____
 (k) Was he sober ? _____

6. Description about the accident.

- (a) Date of Occurrence _____ (b) Time _____
 (c) Place (Street or Road and Town) _____
 (d) Where you in the Vehicle ? _____ (e) If not, when was it reported to you ? _____
 (f) On what side of the Street or Road Was your vehicle and how far from the kerb ? _____
 (g) What was the width of the Street of Road ? _____
 (h) At what speed was the vehicle being driven before the accident ? _____
 (i) And at what speed was it being driven at that time ? _____
 (j) Give full details of the nature and cause of the : Accident / Theft / Fire

(k) If possible draw a sketch of the scene of accident in an attached sheet.

7. The Damage.

- (a) Give in detail the extent of all damage to the Insured vehicle directly due to the accident.

- (b) Estimated cost of repairs Tk. _____

- (c) Where can the vehicle be inspected ? _____

- (d) Have you given instructions for repairs to be carried out ? If so, to whom (Name & Address) _____

- (e) Have you instructed them to send an estimate to the company immediately ? _____

N.B. - An estimate of repairs should be attached to this form and in any event it must be sent to the Company without undue delay. The fact that estimate for Tk. 300.00 or below does not exempt the insured from the obligation to forward an estimate forthwith.

8. The Result.

- (a) Has the accident caused any injury to any person or persons ?

If so, give the following particulars :-

Name	Address	Occupation	Nature of injuries	Whether being conveyed in the vehicle or not

9. The Damage.

- (a) Has any claim been made upon you by any Third Party ? If so, give details and attach the intimation.

- (b) If accident was caused by the fault of any Third Party, give name and address of such person/s _____

- (c) How many persons were in the vehicle at the time of accident ? _____

- (d) Give the following particulars about all witness to the accident ? _____

Name	Address	Whether being conveyed in the vehicle or not

- (e) Was the matter reported to the Police ? If so, give name of the Police Station _____

I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect and I/We have made, or in any further declaration the Company require in respect of the said accident, shall make any false or fraudulent statement or any suppression or concealment the Policy shall be void and all rights to recover thereunder in respect of past or future accident, shall be forfeited.

Seal & Signature
By the Bank/Financial Institute

Seal & Signature
By the Client