

Instructions: 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.

1. INSURED

Name:

Home/Business address:

Telephone No.:

Mobile No.:

Email:

Occupation :

BRN No.:

2. VEHICLE

Make & Model:

Reg. No.:

Fitness certificate number:

Year of make:

3. 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? Yes No

Was the insured in the vehicle? Yes No

If not, kindly state on which date the accident was reported to the insured?

4. DRIVER DETAILS

Name:

Address:

Tel/Mobile No.:

Email:

Occupation:

If all above details same as insured, please tick the box

Date of Birth:

Driving licence No.:

Date of first issue:

Passport/ID No.:

Category of licence:

NOTE: THE DRIVER'S LICENCE MUST BE SENT TO THE COMPANY FOR INSPECTION.

4. DRIVER DETAILS (Continued)

Were you under the influence of intoxicating liquor or drugs? Yes No

Has your licence been endorsed or suspended? Yes No
If yes, kindly state the reason and period for endorsed or suspended license.

Kindly state your relationship to the insured.

Check list (for office use only):

DL - DRIVING LICENSE (RECTO VERSO)

DRIVER ID/PASSPORT

INSURED ID/PASSPORT

PASSPORT IF APPLICABLE

ASF - AGREED STATEMENT OF FACTS

NIP - NOTICE OF INTENDED PROSECUTION

HP - REGISTRATION BOOK/HORSEPOWER (RECTO VERSO)

FITNESS CERTIFICATE

PICTURES OF ACCIDENT IF ANY

EOR - ESTIMATE OF REPAIRS

5. WITNESSES OF ACCIDENT

| Name | Address | Phone Number | Passenger | Independent |
|------|---------|--------------|-----------|-------------|
|------|---------|--------------|-----------|-------------|

POLICE CASE

Name of police station?

Has a Minor Accident Report Form been filled at the police station? Yes No

OB No.:

6. DAMAGE TO INSURED'S VEHICLE

Particulars of damage to insured's vehicle:

Kindly name the workshop where the vehicle can be examined

Has any party a financial interest in the vehicle? Yes No

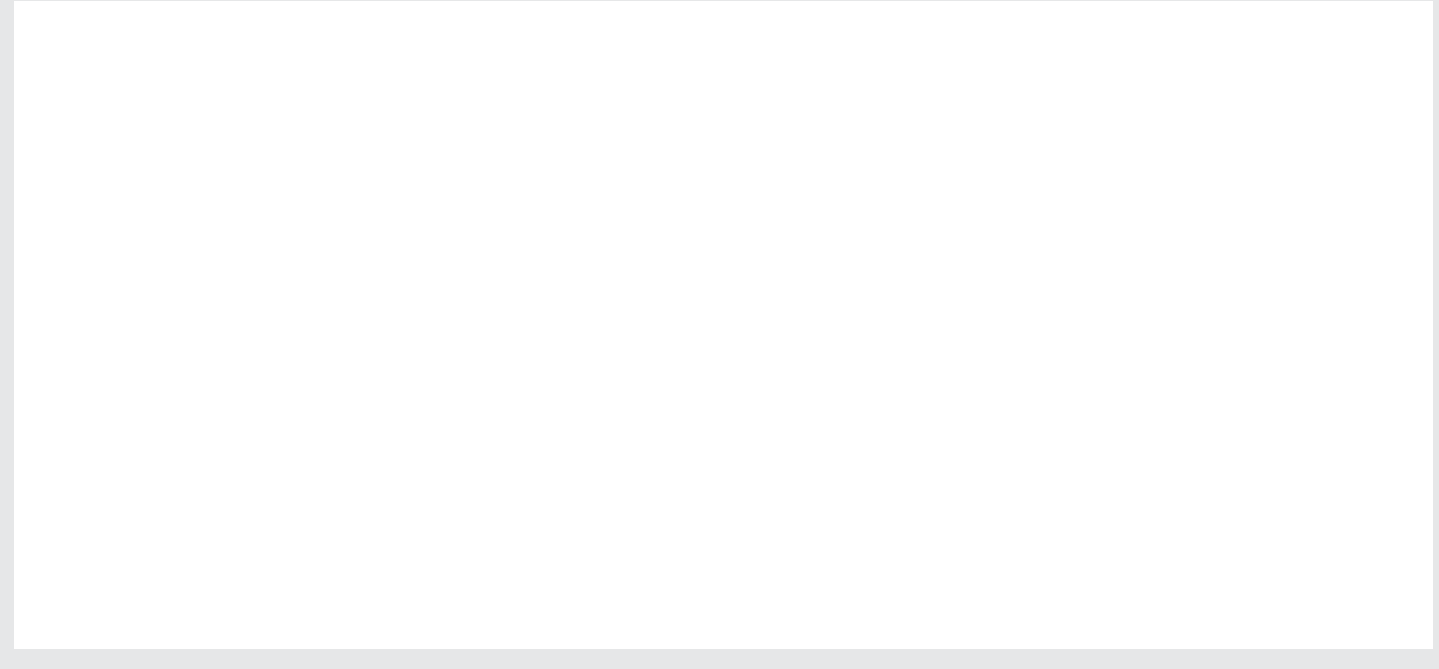
If yes, give details

Is there duty on the vehicle? Yes No

NO REPAIRS TO BE CARRIED OUT TO THE VEHICLE UNLESS THE ESTIMATE OF REPAIRS IS APPROVED BY THE COMPANY

10. ROUGH PLAN OF ACCIDENT

Please show names and approximate width of roads and indicate tracks of vehicle, road markings and all other road signs at the spot of accident.



DECLARATION

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. 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.

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.

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.

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SIGNATURE OF DRIVER

DATE:

.....
SIGNATURE OF INSURED

DATE:

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.