

Motor Claim Form

Claim No: _____
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Asia insurance company ltd.

456-K, Model Town, Lahore

Tel: 92-42-5916801-3, Fax: 92-42-35865579

E-Mail: claim@asiainsurance.com.pk

MOTOR VEHICLE ACCIDENT REPORT FORM

This form must be returned to the Company immediately with all questions fully answered whether a claim is likely to arise or not.

The Company does not admit liability by the issue of this form.
In the event of accident or damage to your vehicle it must immediately be reported to the Police.

INSURED:

Name : _____
 Address : _____
 Telephone No Off. _____ Res : _____ Mobile : _____
 Policy No : _____ Expiry Date : _____

PARTICULARS OF INSURED VEHICLE CONCERNED IN ACCIDENT.

Make _____ Registration No : _____
 Model: _____ Cubic Capacity: _____ Color : _____
 Engine No _____ Chassis No: _____
 Was a Trailer attached? _____
 How many people were in the vehicle at the time? _____
 Was vehicle in proper order and condition at the time? _____
 Is policyholder the owner of the vehicle? _____
 Was the vehicle being used with Owner's knowledge and consent? _____

If Motor Cycle.

(1) Was Side car Attached? _____

(2) Was a Pillion Rider carried? _____

If Goods Carrying Vehicle.

(1) State nature of goods carried? _____

(2) Was the vehicle plying for hire? _____

PARTICULARS OF INSURED VEHICLE'S DRIVER.

Name _____ Age: _____
 Address _____

Is Driver: (a) Owner? (b) Owner's Paid Driver? (c) Owner's relative or friend?

Licence No: _____ Date of issue: _____ Date of Expiry: _____

Is it temporary or permanent? _____ Has it been endorsed? _____

If paid driver, how long has he been in your employment

Has the Driver (a) ever been convicted of any driving or motoring offence? Yes/No.

If 'yes', please. give details and dates: _____

(b) previously been involved in an accident? Yes/No.

If 'yes' please give details and dates: _____

THE OCCURRENCE.

Date _____ Time : _____ Place : _____

Speed of Vehicle _____ Miles per Hour: _____

Was Vehicle in safe and road worthy condition? _____

Did Police attend, or take particulars? Yes/No _____

If 'Yes' please identify Police station concerned and any other relevant information _____

Names and addresses of all independent witnesses _____

Please give full detail of Occurrence _____

FOR CASES OF THEFT/SNA TCHING OF THE VEHICLE.

If loss occurred while the vehicle was parked in street, was it unattended?

If so, how long? _____

If Car was in garage, was forcible entry made. If so, in what manner? _____

Was any damage inflicted to the Car? _____

F.I.R. No. & date, Police Station and District. (FIR must contain Engine & Chassis Numbres. In case Registration Book/Driving Licence have been lost with the vehicle, this fact should also be recorded in the FIR) _____

PARTICULARS OF DAMAGES TO INSURED VEHICLE.

Full particulars of damage: _____

Estimated Cost of repairs Rs. _____

Address where the damaged vehicle may be inspected: _____

PARTICULARS OF INJURY TO DRIVER OR OCCUPANTS OF INSURED VEHICLE.

Was any injury sustained by driver or passengers of your vehicle? Yes/No. If

'Yes' please give full details: _____

PARTICULARS OF DAMAGES OR INJURY TO THIRD PARTY (PROPERTY OR PERSONS)

Name of Owner: _____

Address: _____

Name of Driver: _____

Vehicle's Registration No: _____ Make & Model: _____

Full extent of damage to property: _____

Name(s) and Address(es) of person(s) sustaining injury: _____

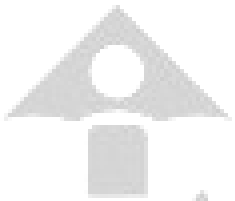
Name of Third Party's insurer, if know: _____

Has notice of any claim been given to you? Yes/No.

If 'yes' please dispatch to the Company forthwith un-answered communication which
may have been received by your: _____

I/We declare that the information given in this Form is true and Correct to the best of my/our knowledge and belief.

Name: _____ Insured's Signature: _____ Date: _____



asiainsurance company Ltd.