



## Pak-Qatar General Takaful Limited

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### MOTOR VEHICLE NOTICE OF ACCIDENT 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 issue of this form](#)

Please read this form thoroughly before filling in details

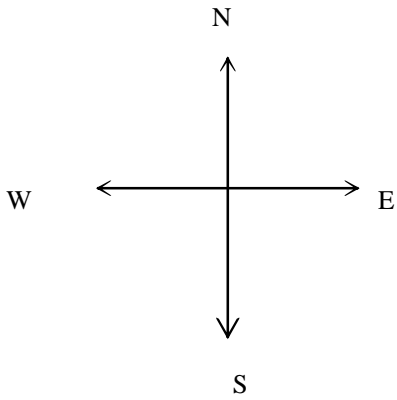
<b>PARTICIPANT</b>	Name _____			
	Occupation _____			
Address _____				
Telephone No. _____				
<b>PARTICULARS OF VEHICLE CONCERNED IN ACCIDENT</b>	Policy No. _____ Expiry Date _____			
	Make, year and Cost Price	Horse Power	Registered Letters and Numbers	For what purpose was the vehicle being used? For what purpose generally used?
	Was a Trailer attached? _____ How many persons were in the vehicle at the time? _____ Is policy-holder the owner of the vehicle? _____		If Motorcycle (1) Was a sidecar attached _____ (2) Was a Pillion Rider carried? _____	
	Was the vehicle being used with the owner's knowledge and consent? _____		If "Goods Carrying" Vehicle: (1) State nature and approximate weight of load carried? _____ (2) Was a Trailer attached? _____	

<p><b>DRIVER</b></p>	<p>Name of the Driver at the time of Accident _____ Age _____  Address of Driver _____  Is the driver { Owner? _____  Owner's Regular paid Driver? _____  Owner's Relative or Friend? _____</p> <p>Licence No. _____ Date of Issue _____ Date of Expiry _____  Has it been endorsed? If so, give particulars _____  Has the driver previously been involved in an accident? _____  If Paid Driver, how long has he been in your employment? _____  Was the driver under the influence of alcohol or drug at the time of the accident? _____  State exactly what alcohol or drink or drugs the driver had in the 8 hours immediately preceding the accident and where { _____  _____</p>
<p><b>STATE HOW ACCIDENT, LOSS OR BREAKDOWN OCCURRED</b></p>	<p>Date _____ Time _____ Place _____  Estimated speed of your vehicle _____ km per hour _____  How did you signal your approach? _____  Give full description of accident, loss, breakdown:  _____  _____  _____  _____  _____  _____  _____</p>
<p><b>WITNESSES</b>  It is most important that Names and Addresses of all independent witnesses of accident should be obtained, whether the driver considers himself to blame or not</p>	<p>Give names and addresses of all Witnesses of Accident:</p> <p>Passengers in car { _____  _____  _____</p> <p>Independent Witnesses: { _____  _____  _____</p> <p>If witness names not taken give reason _____</p> <p>Did a Police Sepoy witness the accident or take particulars? _____  Sepoy's No. _____</p> <p>Was any statement, as to fault, made by the witness or driver at the time? _____</p> <p>Was the matter reported to the police? If so, give the name and address of the Police Station and state what action, if any has or is being taken? _____  _____  _____</p>

<p><b>PARTICULARS OF DAMAGE OR INJURY TO THIRD PARTY (PROPERTY OR PERSON)</b></p>	<p>Name : _____</p> <p>Address : _____</p> <p>Full extent of Personal Injuries or Damage to Property _____</p> <hr/> <p>If any injured person has been moved to hospital or medically attended, give the name and address of the hospital or doctor _____</p> <p>_____</p> <p>Has notice of any claim been given to you? _____</p> <p><b>Admit no liability in any circumstances but despatch to the Company forthwith and unanswered any written communication which may have been received.</b></p>
<p><b>PARTICULARS OF DAMAGE TO INSURED VEHICLE</b></p>	<p>Full particulars of damage _____</p> <p>Estimated cost of repairs _____ Address where damaged vehicle may be inspected _____</p> <p>Have you given any instruction as to repairs being started and if so, to whom? _____</p> <p>Have you instructed them to send an estimate to the company immediately? _____</p> <p>In the event of damage to tyre as a result of the Accident state:          Make _____ Size _____ Type _____          When purchased _____ Approximate Mileage done _____          Has it been rethreaded? _____ When _____</p> <hr/>
<p><b>THEFT</b></p>	<p style="text-align: center;"><b>ALSO TO BE FILLED, IN CASE OF THEFT</b></p> <p>(1) If loss occurred while the vehicle was standing in the street, was it unattended. If so, how long?          _____</p> <p>(2) If car was in the garage, was forcible entry made, if so, in what manner? _____          _____</p> <p>(3) Have the police been advised? If so, and with what result?          _____          _____</p> <p>(4) Was any damage inflicted to the car?          _____</p> <p>(5) Is a paid driver kept? If so, how long has he been in your employment?          _____</p> <p>(6) Please state any further particulars          _____          _____          _____</p>

**SKETCH**

Please make a rough plan of the road in the space reserved below illustrating the position of vehicle and person concerned at the time of the accident. An arrow should indicate the directions in which they were moving.



Is there any other policy indemnifying you or the driver of this accident?

I / We hereby declare the foregoing particulars to be true in every respect and claim under the policy.

The amount of my / our loss

Date : \_\_\_\_\_ Participant Signature: \_\_\_\_\_