



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

Policy No _____

Expiry Date _____

Name of Participant			
Participant's Address			
Participant's Occupation		Telephone No	

PARTICULARS OF VEHICLE CONCERNED IN ACCIDENT

Make	Year	Cost Price	Horse Power	Registered Letters & Numbers	For what purpose was the vehicle being used? For what purpose generally used?

Was a Trailer attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many persons were in the vehicle at the time? _____
Is policy holder the owner of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the vehicle being used with the owner's knowledge and consent? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Motorcycle • Was a side car attached <input type="checkbox"/> Yes <input type="checkbox"/> No • Was a Pillion Rider carried? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Goods Carrying" Vehicle: • State nature and approximate weight of load carried? <input type="checkbox"/> Yes <input type="checkbox"/> No • Was a Trailer attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVER DETAILS

Name of the Driver at the time of Accident			Age	
Address of the Driver				
Is the Driver Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Driver Owner's Regular paid Driver?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Driver Owner's Relative or Friend?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

State exactly what alcohol or drink or drugs the driver has in the 8 hours immediately preceding the accident and where

STATE HOW ACCIDENT, LOSS OR BREAKDOWN OCCURRED

Date		Time		Place	
Estimated speed of your vehicle _____ km per hour			How did you signal your approach?		
Give full description of accident, loss, breakdown: _____					

WITNESSES. 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

Give names and addresses of all witnesses of accident:

Passengers in car	Passengers in car

If witness names not taken give reason

Did a Police Sepoy witness the accident or take particulars?	Sepoy's No.	
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Was any statement, as to fault, made by the witness or driver at the time?

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?

PARTICULARS OF DAMAGE OR INJURY TO THIRD PARTY (PROPERTY OR PERSON)

Name	
Address	
Full extent of Personal Injuries or Damage to Property - _____	
If any injured person has been moved to hospital or medically attended, give the name and address of the hospital or doctor	

Has notice of any claim been given to you _____

Admit no liability in any circumstances but despatch to the Company forthwith and unanswered any written communication which may have been received.

PARTICULARS OF DAMAGE TO INSURED VEHICLE					
Full particulars of damage _____					
Estimated cost of repairs _____ Address where damaged vehicle may be inspected _____					
Have you given any instruction as to repairs being started and if so, to whom? _____					
Have you instructed them to send an estimate to the company immediately? _____					
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			

THEFT

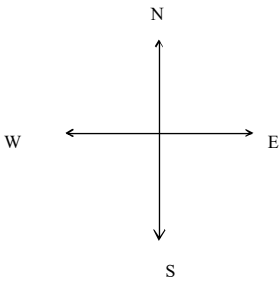
ALSO TO BE FILLED, IN CASE OF THEFT

If loss occurred while the vehicle was standing in the street, was it unattended. If so, how long? _____
If car was in the garage, was forcible entry made, if so, in what manner? _____
Have the police been advised? If so, and with what result? _____
Was any damage inflicted to the car? _____
Is a paid driver kept? If so, how long has he been in your employment? _____
Please state any further particulars



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: _____