MOTOR CLAIM FORM

Div. Br. Office Address_____________________ Certificate/Policy No.________________

Tel. No.       Period of Insurance________________ Claim No.________________

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please answer All relevant questions fully

1.  INSURED
(a)  Name    :___________________________________________
(b)  Address for correspondence  :
(c)  Telephone    :

2.  THE INSURED VEHICLE

<table>
<thead>
<tr>
<th>Make &amp; Year</th>
<th>Engine No.</th>
<th>Chassis No.</th>
<th>Registration No.</th>
</tr>
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</table>

(a) Was the vehicle in proper working condition?
(b) For what purpose was the vehicle being used at the time of accident?
(c) Was trailer attached?
(d) If a Motor Cycle/scooter
   1.  Was a side-car attached
   2.  Was a pillion rider carried

II. ADDITIONAL INFORMATION(COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:
(a)  Registered laden weight  :
(b)  Unladen Weight  :
(c)  Weight of goods carried/Load Challan No.  :
(d)  Nature of permit  :
(e)  Nature of goods carried  :
(f)  Was the vehicle plying for hire  :
(g)  If Lorry/Jeep/Tractor, was trailer attached?  :
(h)  Number of passengers carried  :
(i)  Number of Passenger permitted  :

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: ______________________________
(b) Age: ______________________________
(c) Address: ______________________________
(d) Is the Driver
1. Owner: ______________________________
2. paid driver?: ______________________________
3. Owner’s relative or friend?: ______________________________
(e) If paid driver, how long has he been in your employment: ______________________________
(f) Was he under the influence of intoxication
   Liquor or drugs?: ______________________________
(g) Driving Licence Number: ______________________________
(h) Issuing Authority: ______________________________
(i) Date of Expiry: ______________________________
(j) Was the licence temporary/permanent?: ______________________________
(k) Details of endorsement/suspension, if any: ______________________________
(l) Has he been involved in any accident before?: ______________________________
(m) Has he been charged by the policy? If so, Why?: ______________________________

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time: ______________________________
(b) Place: ______________________________
(c) Speed of vehicle at the time of accident: ______________________________
(d) Give a short description of the accident: ______________________________
(e) If any third party was responsible for this accident give the name and address: ______________________________

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: ______________________________
(b) Estimated cost of repairs: ______________________________
(c) When and where can the damaged vehicle be inspected: ______________________________

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name: ______________________________
(b) Address: ______________________________
(c) Full Details of personal injury sustained: ______________________________
(d) Name and address of any person/hospital giving medical attention to injured person: ______________________________
(e) Full details of property damaged: ______________________________
(f) Has notice of any claim been given to you?: ______________________________
8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? ________________________________
(b) If yes, give full details _______________________________________

9. WITNESS

(a) Give names and addresses of passengers/other witnesses, if any _______ ___________________________
(b) Did a Police Constable take particulars of the accident? _________________
(c) Was accident reported to Police? If not, why? ________________________________
(d) If yes, to which Police Station? _______________________________________
(e) Date and Diary No. ________________________________________________

10. THEFT

(a) Date and Time _________________________________________________
(b) Place __________________________________________________________
(c) What was stolen? ________________________________________________
(d) Estimated cost of replacement? _________________________________
(e) By whom discovered and reported? ________________________________
(f) Has theft been reported to Police? _______________________________
(g) When? _________________________________________________________
(h) Which Police Station? __________________________________________
(i) C.R. diary Number ______________________________________________

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

Date________________200    Signature of the insured_______________