

Claim No.....

MOTOR CLAIM FORM

Metrocint General Insurance Company Limited

DEAR SIR(S) OR MADAM,

REFERENCE— POLICY NO.

With reference to your intimation of an accident, we shall be glad if you kindly complete and return this Form, together with Sketch Plan, as early as possible, whether a claim has been made upon you or not.

It is particularly requested that no discussion of the terms or extent of your Insurance be entered into with the party or parties claiming or anyone acting on his, her, or their behalf, and that all communications be forwarded to the Company immediately on receipt. *It is of the utmost importance that every question be answered fully.*

The issue of this Form is not to be considered as an admission of liability on the part of the Company.

Yours faithfully,

METROCINT GENERAL INSURANCE COMPANY LIMITED

1. INSURED.

- (a) Full Name
- (b) Address
- (c) Business (d) Telephone Number
- (e) Policy No (f) Date of payment of last premium
- (g) Insurance Certificate Number

2. VEHICLE.

Regd. No. H.P.

- (a) Make.....
- (b) For what purpose was it being used?
- (c) Was it being used by your instructions?
- (d) Had you any other cars in use at time of accident?
- (e) If so, please give number in use and registered letters and numbers
- (f) Were any goods or samples being carried?
- (g) If your vehicle is a Motor Cycle, state.....
 - (I) if a side-car was attached.....
 - (ii) if passengers were carried in side-car
 - (iii)if pillion passenger was carried

3. DRIVER

- (a) Name and address of person driving at time of accident
- (b) State age
- (c) State driving experience of driver
- (d) If relation or friend was driving does he own a car himself?
- (e) If so, state name and address of Insurance Company.....
- (f) Is driver's licence in force? (g) Has it been endorsed?
- (h) Has the driver ever been prosecuted for any offence in the driving of a car?
- (i) If so, nature of the offence
- (j) If paid driver state in whose employ and how long employed

4. ACCIDENT

- (a) Date of Accident (b) Time of Accident
- (c) Place of Accident
- (d) Speed of car (e) Was audible warning given?
- (f) How far was insured car from near side of road?
- (g) Approximate width of road at place of accident
- (h) Did the Police take particulars?
- (i) If so, give No. of Constable (j) Was the Constable a witness?
- (k) If the police did not take particulars at the time of the accident did you report the accident?
- (l) If so, at what Police Station?
- (m) Was visibility good?
- (n) Whom do you consider responsible for the accident?
- (o) Please explain exactly how the accident happened, giving full details. (The Sketch Plan on back page must also be completed.)

Continue on back page)

METROCINT GENERAL INSURANCE COMPANY LIMITED

5. DAMAGE (if any) TO OWN VEHICLE.

- (a) Full details of damage and probable cost of repair
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- (b) Where can the Vehicle be examined? (Please state Garage telephone number if possible)
.....
- (c) Amount of estimate
- In all cases where the insured car is damaged and you are entitled to claim under the Policy please at once obtain an estimate for repairs and forward this.*
- (d) Name and Address of Owner of Vehicle (if any) causing such damage
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6. PERSONAL INJURY TO OTHER PERSONS.

- (a) Names and Addresses of persons injured and full particulars of injuries sustained
.....
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- (b) Name and Address of Doctor, Hospital or Nursing Home to which injured person has been removed for treatment
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- (c) Has a claim been made upon you? If so, give full particulars and amount and forward any communications received, unanswered
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7. DAMAGE TO PROPERTY OF OTHER PERSONS.

- (a) Name and Address of Owner of property damaged
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- (b) Full particulars of damage done
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- (c) Has a claim been made upon you? If so, give full particulars and amount and forward any communications, unanswered
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- (d) Does the damage concern mobile or immobile property?

8. WITNESSES.

- (a) Names and Addresses of all persons in your Vehicle other than the person driving
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- (b) Names and Addresses of all independent witnesses
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I/We hereby declare that the statements contained on this and the preceding page are true to the best of my/our knowledge and belief, and that the Vehicle is not insured except with the Metrocint General Insurance Company Limited.

Date Signature

SKETCH PLAN

Please show the position on the Road of Vehicles, or Vehicle at point of impact, and indicate their direction and track immediately before Accident.

If any Vehicle, Persons or Obstacles were present influencing the Track of the Vehicles concerned, these should also be indicated.

(q) - Continued