

Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar

## IGI INSURANCE LIMITED

### MOTOR VEHICLE ACCIDENT CLAIM FORM

The Company does not admit liability by the issuance of this form. In the event of an accident or damage to your vehicle it must immediately be reported to the nearby police station. The Insured is particularly requested to answer each question clearly and furnish, as fully and accurately as possible, the information asked for herein. Great care should be taken in completing this form to the best of his/her ability and the information given should be strictly accurate, irrespective of whether it is the Insured's favour or otherwise as soon as possible after an accident and sent to the Company.

The Insured should not make any payment or offer promise, any payment or admit liability in any way as by doing so he/she may prejudice the position both of himself/herself and the Company.

<b>INSURED</b>	Policy No..... Expiry Date (dd/mm/yyyy)..... Name..... Address..... Cell No..... Occupation..... Telephone No.....
<b>PARTICULARS OF DAMAGE TO INSURED'S VEHICLE AND NATURE OF ACCIDENT</b>	Make..... Model..... C.C/Engine Power.....Registration No..... Engine No.....Chassis No..... Type of Cover..... State Nature of licence under which vehicle is operated..... For what purpose was the vehicle being used at the time of the accident?..... Was it being used on the Policy holder's order or with his/her permission?..... In the case of Motor Cycle, was a side car attached? Yes <input type="checkbox"/> No <input type="checkbox"/> Was a pillion passenger being carried? Yes <input type="checkbox"/> No <input type="checkbox"/> Was the vehicle on its correct side of the road? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Accident..... Time (hh:mm)..... Place..... Estimated speed of Insured's Vehicle..... kilometer per hour. How did the accident occur? (Detailed information to be given with a necessary sketch illustrating the positions of vehicle/persons concerned at the time of Accident) in the space as provided on reverse..... ..... ..... ..... ..... ..... What is the extent of damage?..... ..... Where can the vehicle be inspected?..... Have any instructions been given with regard to repairs?..... Name and address of Repairers ..... Was the car driven or towed from the scene of the accident?.....
<b>DRIVER OF VEHICLE</b>	Name..... Address..... Occupation..... Age..... Licence No..... Expiry Date..... Date of the first Licence issue..... Please state the Classification of the Driving Licence-Permanent or Learner State whether (I) Owner of vehicle.....(II) Owner's paid driver..... Length of Service..... (III) Person driving on Insured's order or with his permission.....(IV) Such person owns a car..... If so, give name of his/her Insurance Company..... Has notice of this accident been given to that Company Yes <input type="checkbox"/> No <input type="checkbox"/> Has the driver been prosecuted for any offence in Connection with any other motor vehicle; if so, give particulars together with details of any endorsement or suspension of licence ..... Has the driver previously been involved in any accident, if so, give particulars..... If your paid driver was injured, please name the Company, if any with whom your liability under the workmen's Compensation Act is covered.....

**WITNESSES. IT IS MOST IMPORTANT THAT NAME AND ADDRESS OF ALL INDEPENDENT WITNESSES SHOULD BE OBTAINED WHETHER THE DRIVER CONSIDERS HIMSELF/HERSELF TO BLAME OR NOT.**

Were particulars of the accident taken by a Police Constable?.....

If so, state Police Constable's name..... No.....

Was the Police Constable a witness to the accident?.....

Was the Insurance Certificate produced to the Police Constable?.....

Was the matter reported to the nearby Police Station? If so, give particulars .....

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Give names and addresses of all witnesses of the accident .....

Passengers in vehicles .....

Independent Witnesses.....

.....

Position from which independent witnesses saw accident to be stated.....

If witnesses' name not taken, please given reason.....

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**INJURY OR DAMAGE TO THIRD PARTIES**

Name..... Address.....

Full extent of personal injuries, damage to property?.....

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Make of other Vehicle ..... Reg. No..... Model..... C.C/Engine Power..... Policy No.....

If any injured person has been removed for medical attention, give name and address of the hospital or doctor.....

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Has notice of any Claim been given to you?.....

Insurer.....

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

<b>SKETCH</b>	<b>Please make rough plan of the place/site of accident in the space reserved below.</b>	<b>Damage to the Insured's vehicle</b>
		Body work: -..... ..... Chassis..... Accessories & lamps etc..... ..... Tyres: -..... ..... Estimated cost of Repairs and/or Replacement = Rs..... ..... .....

**DECLARATION**

Is there any other Policy Indemnifying you or the Driver in respect of this accident? Yes  No

If so, the Insurer(name) .....

Policy No..... Expiry Date..... Sum Insured Rs.....

I/We hereby declare that the above statements are true to the best of my/our Knowledge and belief and I/we Claim in respect thereof the protection of my/our Policy.

Supplied on.....

Date.....

Checked/Recorded by.....

Insured's Signature.....

Claim No.....

AGI-AX.35

In case of Corporate Claimant add  
Company stamp

April - 04-2003