

# MOTOR CLAIM FORM

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Claim No. ১০০০/১১১১/১১১১/১১১১

১১-০২/২০১৮

## SADHARAN BIMA CORPORATION

(Established under Act No. VI of 1973)  
H. O. 33, Dilkusha C/A., Dhaka-1000

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

"Please donot give any Third Party any information or particulars which you are not required by law to give and in no case admit your fault or make any payment or offer of payment without the written authority of the Corporation".

Answer ALL questions and FULLY. It will avoid unnecessary correspondence and consequent dealy in the settlement of Claim.

1. Name of Insured (in full) Rural Electrification Board
2. Address Nikunja-2, Khilkheta, Dhaka-12.29
3. Occupation Office use

4. The Insured Vehicle

POLICY NO. SB/MS/100/100/100  
PUB/P-020/10/2017  
(c) Registration No. Dhaka-Metro-GHA-13-7851

- (a) Make Motobish (b) Horse Power 2350 cc
- (d) Price Paid by the Insured ১৪০৫০০০০ (e) Year of manufacture ২০১২
- (f) Sum Insured ১৪০৫০০০০
- (g) Purpose for which it was being used at time of accident Official use (Attending meeting)
- (h) Was it in proper order and condition at the time? Yes.
- (i) Was it being used with your knowledge and consent? Yes.
- (j) If the claim is in respect of a Motor Cycle state whether a Million passenger was being carried at the time of accident N/A
- (k) If the claim is in respect of a Lorry: state whether a trailer was attached N/A

5. The Person driving at the time of accident MD. Saiful Islam

- (a) Full name of the person MD. Saiful Islam (Driver)
- (b) His address Gaokhale, Nazimpur, Pirojpur.
- (c) His age 34 (d) Is he your permanent paid driver? out sonching
- (e) Date and number of Licence ১১/০৭/২০১৩ (f) Was it in force at the time of accident? Yes.
- (g) Has it ever been endorsed or suspended? If so, give full details with dates NO
- (h) Is he entitled to indemnity under any other Corporaation's Policy? NO
- (i) Was he soever? NO

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6. The Accident (Damage, Fire, Theft)

- (a) Date of Occurrence 12/07/2018 (b) Time 2:55 PM
- (c) Place (Street or Road and Town) Asian Highway, Noyapara Bazar, Sonargaon, Dhaka
- (d) Were you in the Vehicle? Yes (e) If not, when was it reported to you? N/A
- (f) On what side of the Street or Road was your vehicle and how far from the kerb?  
Left side
- (g) What was the width of the street or Road? about 50'
- (h) At what speed was the vehicle being driven before the accident? 45/50 km/hour
- (i) And at what speed was it being driven at the time? 45/50 km/hour

☒ Accident

theft

- (j) Give full details of the nature and cause of the

fire

২২/৭/১৮ খ্রিঃ তারিখ সন্ধ্যা ২.৫৫ PM বঙ্গবন্ধু সড়ক পরিবহন কর্তৃক পরিচালিত একটি অটোমোবাইল যখন সোনারগাঁও উপজেলার নোয়াপাড়া বাজারে এশিয়ান হাইওয়েতে চলে আসছিল তখন অসদে অনৈতিকভাবে আগুন লাগে। ঘটনার কারণ হিসেবে জানা যায় যে, অটোমোবাইলের ইঞ্জিনের অংশে ত্রুটি ছিল। ঘটনার পরে অটোমোবাইলটি বাকি দগ্ধ অবস্থায় রাখা হয়। ঘটনার পরে ১২/৭/১৮ তারিখে ১১২ নম্বর ফোন নম্বরে পুলিশকে জানানো হয়। পুলিশের পক্ষে ঘটনাস্থলে গিয়ে তদন্ত করা হয়। তদন্তের ফলে জানা যায় যে, অটোমোবাইলের ইঞ্জিনের অংশে ত্রুটি ছিল। ঘটনার পরে অটোমোবাইলটি বাকি দগ্ধ অবস্থায় রাখা হয়। ঘটনার পরে ১২/৭/১৮ তারিখে ১১২ নম্বর ফোন নম্বরে পুলিশকে জানানো হয়। পুলিশের পক্ষে ঘটনাস্থলে গিয়ে তদন্ত করা হয়। তদন্তের ফলে জানা যায় যে, অটোমোবাইলের ইঞ্জিনের অংশে ত্রুটি ছিল।

- (k) If possible draw sketch of the Scene of accident



## 7. The Damage

(a) Give in detail the extent of all damage to the Insured vehicle directly due to the accident.  
as per quotation

(b) Estimated cost of repairs Tk. 259,136.20

(c) Where can the vehicle be inspected? Office garage.

(d) Have you given instructions for repairs to be carried out? If so, to whom (Name & Address)  
Rangs Workshop LTD.

(e) Have you instructed them to send an estimate to the Corporation immediately? Yes.

N. B.- If possible an estimate of repairs should be attached to this form and in any event it must be sent to the Corporation without undue delay. The fact that estimate is for Tk. 300.00 below does not exempt the Insured from the obligation to forward an estimate forthwith.

## 8. The Result

(a) Has the accident caused any injury to any person or persons?  
 If so, give following particulars: No injury to any third party.

Name	Address	Occupation	Name of Injuries	Whether being covered in the vehicle or not
MD. ABU SAYED	Executive Engineer	Govt. job	primary injury	
MD. SAIFUL ISLAM	BRBB Narajonjy	Driver		
	Gookhali Narajonjy			
	Pindapur			

(b) If any injured person has been removed to any Hospital or medically attended, give name and address of the Hospital or Doctor \_\_\_\_\_

(c) Did the accident cause damage to property or live stock? If so, give name and address of the owner stating nature and extent of damage \_\_\_\_\_



9. General.

(a) Has any claim been made upon you by any Third Party? If so, give details and attach the intimation. Yes

(b) If accident was caused by the fault of any Third party, give name and address of such Person/s একজন এক বাড়ি-৬-২৫-৬০৭৬

(c) How many persons were in the vehicle at the time of accident? one person

(d) Give the following particulars about all witnesses to the accident:

Name	Address	Whether being conveyed in the vehicle or not

(e) Was the matter reported to the Police? If so, give name of the Police Station Yes

হেনারিয়ার থানা- মোহাম্মদ- ৬২, ০২/০৭/২০০৮ প্রি: ২৭২/৩৬৭

(f) What action, If any, has been or is being taken by the Police or any other authority?

police submitted Final Investigation Report to court

(g) Give particulars of other insurance on the vehicle, in any NO

I/We the abovenamed, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in the every respect and i/we agree that if i/we have made, or in any further declaration the Corporation require in respect of the said accident, shall make any false or fraudulent statement or any suppression or concealment the Policy shall be void and all rights to recover thereunder in respect of past or future accident shall be forfeited.

Date ০৮/০৮/১৯ 19

Witness \_\_\_\_\_

Signature: [Signature]  
মোঃ মঈনুজ্জামান  
নির্বাহী প্রকৌশলী  
বাপবিবো, নারায়ণগঞ্জ।