

Policy No. _____



Claim No. _____

SECURITY GENERAL INSURANCE CO. LTD.

(INCORPORATED IN PAKISTAN)

MOTOR VEHICLE CLAIM FORM

The company does not admit liability by the issue of this form.
In the event of accident or damage to your Vehicle it must
immediately be reported to the police.

1. Name of Insured _____
2. Address _____ Telephone No. _____
3. Make of Vehicle _____ Model _____ Registration No. _____
4. Engine No. _____ Chassis No. _____
5. For what purpose was the Vehicle being _____
used at the time of the accident ? _____
6. Explain exactly how the accident _____
happened ? In addition please draw _____
a diagram illustrating the accident in _____
the space provided on the reverse of _____
this form _____

7. Was the vehicle on its correct side of the road ? _____
If not, state its exact position _____
8. Where did the accident occur _____
9. State width of the road, on which accident occurred _____
or if at an intersection width of both streets _____
10. State date and time at which accident occurred _____ 20 _____ at _____ a. m.
p. m.
11. At what speed was the Vehicle travelling _____
12. Who was driving the Vehicle at the time of accident _____
13. State driver's age _____ Licence No. _____ has licence ever been
endorsed? _____
14. Date of Issue of Licence _____ Expiry date _____
15. Was driver perfectly sober? _____
16. If driver an employee : (a) How long has been in your service ? _____
(b) Was he out on your business at the time of accident ? _____
17. If Insured was not driving; does the driver own a Motor Vehicle ? _____
18. State names and addresses of all occupants of your Vehicle _____

19. Was the driver or any other occupant of your Vehicle injured _____ if so, give
Particulars.
20. State names and addresses of witnesses other than occupants of your Vehicle _____

21. Has the accident been reported to police ? _____
 Did a Police Officer take particulars ? _____ Did he witness the accident ? _____
 State Police Officer's number _____ Station to which attached _____
22. State who in your opinion was to blame for the accident and Why _____

23. Name, address and occupation of such person responsible for accident ? _____
24. If Police action pending against any person as a result of the accident ? _____
 If so whom, and what is the charge ? _____
25. Give full particulars of the damage to your Vehicle _____

26. State probable cost of repairs in your own opinion _____
27. Where can the Vehicle be inspected ? _____
28. State name and address of your usual repairer _____

IF THIRD PARTY HAS BEEN INJURED OR DAMAGE HAS BEEN CAUSED TO THE VEHICLE OR OTHER PROPERTY OF THIRD PARTY. PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTIONS:-

1. Name and address of person injured or owner of other Vehicle or property damaged _____
 2. Nature of personal injury _____
 3. Nature of damage of other Vehicle or property _____
 4. Make of other Vehicle _____ Registration No. _____
 5. Has any claim been made against you ? _____ If so, for what amount _____
- N. B. ___ In no circumstances will payments in respect of the above be entertained without the written approval of the Company.

PLAN

I solemnly declare that to the best of my knowledge and belief the foregoing particulars are true and correct in every respect, and authorize you to lodge a claim on my behalf against the Third Party (if any).

Date _____ 20 _____

Witness _____

N. B. ___ All questions must be answered

Insured's Signature _____