

Jubilee General Insurance Company Limited
(formerly New Jubilee Insurance Company Limited)
Jubilee Insurance House, I.I.Chundrigar Road, Karachi 74000
UAN: 111 654 111, Tel: (021) 32416022-26, Fax: (021) 32438738, 32416728

 $Email: \underline{info@jubileegeneral.com.pk}, Website: \underline{www.jubileegeneral.com.pk}$ 

## MOTOR VEHICLE CLAIM FORM

THIS FORM MUST BE RETURNED TO THE COMPANY IMMEDIATELY WITH ALL QUESTIONS FULLY ANSWERED.

(The company does not admit liability by the issue of this form).

In the event of accident or damage to your Vehicle it is advisable in your own interest to immediately report to the Police.

1. Name of Insured			
2. Address			
Telephone No	Cell No		
3. Policy No			
4. Make of Vehicle	Model	Registrat	ion No
Chassis No	Engine No		
5. State date and time at which	ch accident /theft/snatching occu	ırred	
6. Please explain how the acci	dent/theft/snatching took place	and for what purpose	was the Vehicle being
driven			
7. At what speed was the Veh	icle being driven?		
8. Please state Driver's Name	Licens	e No	Expiry Date
9. Was the driver, under the i	nfluence of alcohol or drug at the	e time of accident?	
10. State names of all occupa	nts of your Vehicle		
11. Was the driver or any other	er occupant of your Vehicle injur	ed? If so give particul	ars
12. Has the accident been rep	orted to Police? Did	a Police Officer take p	particulars?
Did he witness the accidentState Police Officer's name			
	was to blame for accident and w		
14. Name, address and occup	ation of such person responsible	for accident	
15. Is Police action pending a	gainst any person as a result of t	:he accident?	If so against whom,
and what is the charge? _			
16. State estimated cost of re	pairs in your opinion		
17 Whore can the Vehicle be	inspected and state your renaire		

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 & address of person injured or owner of other Vehicle or property damaged\_\_\_\_\_\_ 2. Nature of bodily injury \_\_\_\_\_ 3. Nature of damage to other Vehicle or property \_\_\_\_\_ 4. Make of other Vehicle \_\_\_\_\_\_ Registration No. \_\_\_\_\_ 5. Has any claim been made against you? \_\_\_\_\_\_ Do not admit any liability in any circumstances. Immediately despatch to the Company unanswered, any written communication which may have been received. Diagram of Accident (Please Draw a Diagram of the Accident Scene) -E S I/We Solemnly declare that to the best of my/our knowledge and belief foregoing particulars are true and correct in every respect, and authorize you to lodge a claim on my/our behalf against the

third party (if any).

Date 20		
	Insured's Signature	Stamp

N.B.: - Use extra sheet for providing additional information wherever necessary