KERALA STATE GOVERNMENT INSURANCE DEPARTMENT MOTOR CLAIM FORM

| | HIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LEABILITY | | | |
|---|---|--|--|--|
| | Questions and FULLY. | | | |
| It will avoid unnecessary correspondence and consequent delay in the settlement of Claim. | | | | |
| | Name | | | |
| INSURED | Address | | | |
| | Occupation | | | |
| | Make and year Horse Registered Letters For what purpose was Power and number Vehicle being used? | | | |
| PARTICULARS OF | | | | |
| CONCERNED IN ACCIDENT | | | | |
| | Was the Vehicle in a safe and roadworthy condition? If you own more than one Motor Vehicle, how many were in use at the same time If a Motor Cycle: Was a Trailer attached? (1) Was a Sider attached (2) Was a Pillion Rider carried | | | |
| IF A COMMERCIAL VEHICLE | What was the weight of goods carried? | | | |
| | Was the Vehicle plying for hire? | | | |
| | Address of Driver | | | |
| DRIVER | (a)(c) | | | |
| | Was he to your knowledge soher and fully competent to drive? No. of driving licence and date of expiry? is it Temporary or Permanent | | | |
| | Has it been endorsed? If so, give particulars. Has Driver, previously been involved in an Accident? | | | |
| OTHER INSURANCE | Is there any other Policy indemnifying you or the Driver in respect of this accident? | | | |

| | Date |
|------------------------------|--|
| | Estimated Speed of your Vehicle |
| | Was horn sounded? |
| | Give a short description of how the accident, loss or breakdown occurred: |
| | |
| STATE HOW | |
| ACCIDENT, LOSS OR | |
| BREAKDOWN OCCURRED | |
| | |
| | |
| | |
| | |
| | |
| | If accident was caused by the fault of any Third party, give name and address of |
| | such person/s |
| | |
| SKETCH | Please make a rough Plan of the road on the back of this form showing position of Vehicles and Persons concerned at the time of Accident. An arrow should indicate the directions in which they were moving. |
| | 1. Date |
| | 2. When did you last use the Car? |
| | 3. (a) What has been stolen? |
| | (b) State estimated cost of replacement |
| | |
| | 4. (a) If theft occurred while vehicle was standing in the street, was it unattended? |
| | |
| IN CASE OF THEFT | (b) If so; how long? |
| PLEASE GIVE THE FOLLOWING | 5. If Car was in grage, was forcible entry made? |
| DETAILS | 6. When was the theft reported to you? |
| | 7. Byswhom discovered and when? |
| | 3. (a) Have Police been notified? |
| | (b) If so, when and with what result? |
| | (c) State name of Police Station? |
| | 9. (a) Is paid Driver kept? |
| | (b) If so, how long has he been in your service? |
| | 10. Do you suspect any person? |

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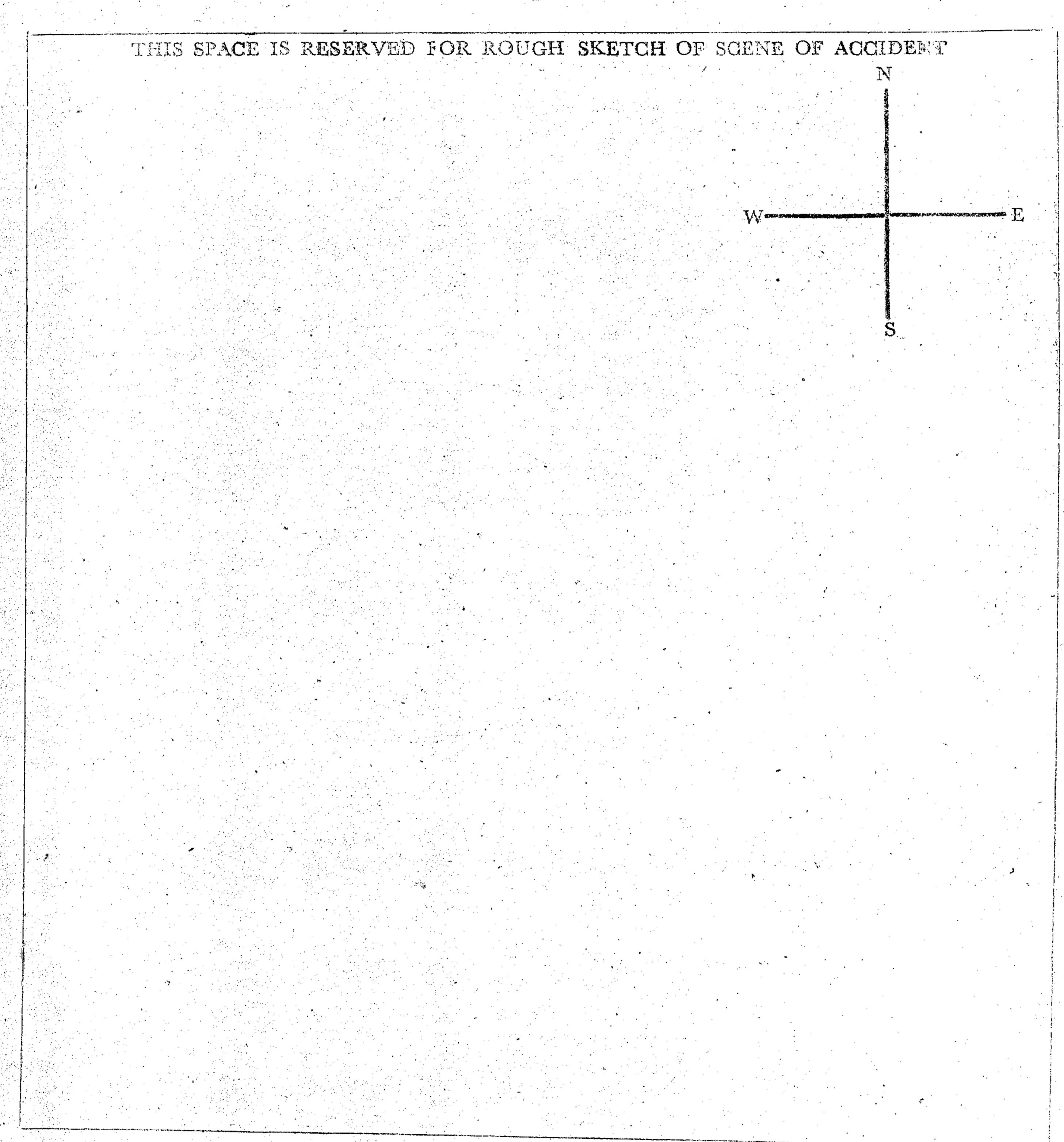
| | Give names and | l addresses of all witnesses of accident: |
|---|---|---|
| | | The same of the same state of the same of |
| | Passengers in Car | |
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| WITNESSES | | |
| It is most important the mames and addresses | Tucchemicuit | |
| of all independent | VVILITESSES | |
| witnesses of an Accident should be obtained | If Witnesses' na | ames not taken, give reason |
| whether the Driver | · Did a Police Co | onstable witness accident or take particulars? |
| considers himself to blame or not | Constable's No | |
| | Was Accident r | eported to Police, if so, state name of Police Station |
| | • | |
| | Was any statem | ent, as to fault, made by witnesses or Drivers at time? |
| | Name | |
| | Address | • |
| PARTICULARS OF | Full extent of Pe | ersonal Injuries of Damage to Property |
| DAMAGE OR INJURY TO THIRD PARTY | | • |
| (PROPERTY OR | | ny claim been given to you? |
| PERSONS) | | try craim occur givem to you i |
| | | • |
| | | to the department forthwith any unanswered and written Communications are been received. |
| | Was any injury | substained by your Driver or Occupants of your Motor Vehicle of |
| | by any Third Pa | arty? If so, state full extent thereof |
| PARTICULARS OF INJURY TO DRIVER OR OCCUPANTS OF. | | · · · · · · · · · · · · · · · · · · · |
| INSURED VEHICLE OR ANY THIRD | | erson has been removed to a Hospital or medically attended give |
| PARTY | | |
| | name and addres | s of the Hospital or Doctor |
| | | |
| | Full particulars o | of damage |
| | | |
| | Estimated cost or | repairs |
| | may be inspected | 1 |
| | Data airean a should | be requested to forward Estimates to the department immediately for |
| PARTICULARS OF DAMAGE TO INSURED VEHICLE | repairers snowed verification | de reguesous so jordans Listinacios so eno acquarente entinecacione jur |
| | | ny instructions as to repairs being started? |
| | . Make | SizeType |
| | | hased |
| | Has it been | Retreaded |

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I/We the above named, do here by, to the best of my/our knowledge and belief, warrant the truth of the forgoing statement in every respect: and I/We agree that if I/We have made, or in any further declaration the Department may 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 accidents shall be forfeited.

Date

Insured's Signature.....