



Reliance Insurance Company Limited

181-A, Sindhi Muslim Co-operative Housing Society, Karachi
Tel: 92-21-3-4539415-17 Fax: 92-21-3-4539412 Email: claim@relianceins.com

MOTOR VEHICLE CLAIM FORM

The Company does not admit liability by the issue of this form
In the event of accident or damaged 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. _____ Mileage Done _____
4. For what purpose was the vehicle being used at the time of the accident? _____
5. 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 _____

6. Was the vehicle on its correct side of the road? _____
If not, state its exact position _____
7. Where did the accident occur? _____
8. State date and time at which accident occurred _____ 20 ____ at _____
9. At what speed was the vehicle traveling? _____
10. Who was driving the vehicle at the time of accident? _____
11. State driver's age _____ Licence No. _____ Has licence ever been endorsed _____
12. If driver an employee: (a) How long has he been in your service? _____
(b) Was he out on your business at the time of accident? _____
13. Was the driver or any other occupant of your vehicle injured? _____ if so give
a particulars.
14. State names and address of witnesses other than occupants of your vehicle _____

15. Has the accident been reported to police? _____
Did a Police officer taking particulars? _____ Did he witness the accident? _____
State Police officer's number _____ situation which attached _____
16. State who in your opinion was to blame for the accident and why _____

17. Name address and occupation of such person responsible for accident? _____



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- 18. Is Police action pending against any person as result of the accident? _____
If so whom, and what is the charge? _____
- 19. Give full particulars of the damage to your vehicle _____
- 20. State probable cost of repairs in your own opinion _____
- 21. Where can the vehicle be inspected? _____
- 22. State name and address of your usual repairer _____

IF THIRD PARTY HAS BEEN INJURED OR DAMAGE HAS BEEN CAUSED TO THE VEHICLE OR OTHER PROERTY 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 to other vehicle or property _____
- 4. Make of other vehicle _____ Registration No. _____
- 5. Has any claim been made against you?

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 question must be answered

Insured signature _____