



Head Office : State Life Building No. 1-B; Off : I.I. Chundrigar Road, P.O. Box 4359, Karachi-74000

**PARTICULARS OF MOTOR ACCIDENT**

Please Answer Questions Fully

Claim No. \_\_\_\_\_

<b>Insured.</b>	Name _____ Address _____ Policy No. _____ When was last premium paid? _____
<b>Particulars of Insured Vehicle</b>	Make _____ Horse power _____ Date of Make _____ Type of Body _____ Registered No. _____ Chassis _____ For what purpose was Vehicle being used at time of Accident? _____ How many passengers were being conveyed? _____ If goods were carried, state nature and weight _____
<b>Particulars of Person Driving.</b>	Name _____ Age _____ Address _____ Licence No. _____ District of Issue _____ Date of Issue _____ Expiry Date _____ Is Driver owner, Relation, Paid Driver etc. ? _____ How long has he been in your employment? _____
<b>Particulars of Accident.</b>	Date and time of Accident _____ Date when reported to you _____ Where did Accident occur? _____ What was the width of road at the spot? _____ Was your Vehicle on its correct side? _____ If so, how far, from kerb or edge of road? _____ If your Vehicle was not on correct side state its exact position? _____ At what speed was your Motor Vehicle travelling immediately prior to Accident? _____ Please explain exactly how Accident happened _____  Do you consider the person driving your vehicle to blame? _____ Was your Vehicle being used in accordance with your instructions? _____ Number of Vehicle causing damage to your Vehicle and name and address of its owner _____ _____ _____ If your Motor Vehicle has been damaged, please give full particulars of damage in space provided upon back of this form.
<b>Claimant (if any) Any communications you may have received should accompany this form.</b>	Name _____ Occupation _____ Address _____ If any claim has been made upon you, please state for what amount _____ Please give full details of claim, i.e., for personal injury or damage to property _____
<b>Police Evidence.</b>	Did Policeman witness Accident? If so, give his No. _____ Did Policeman take your particulars? If so, give his No. _____
<b>Witnesses of Accident.</b>	How many persons were actually in your Vehicle at time of Accident? _____ Please state their Full Name and Address _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
<b>(It is of the utmost importance always to obtain the Name and Address of Witnesses).</b>	Name and Address of independent Witnesses _____ 1. _____ 2. _____ 3. _____ 4. _____

**I**  
**We** hereby declare the following particulars to be true in every respect.

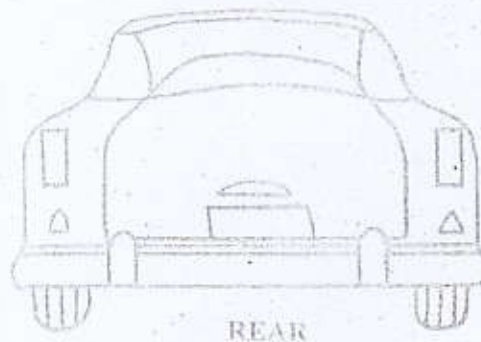
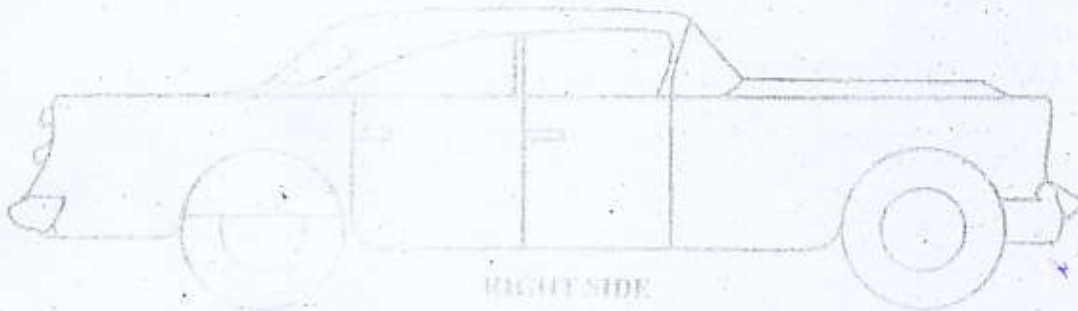
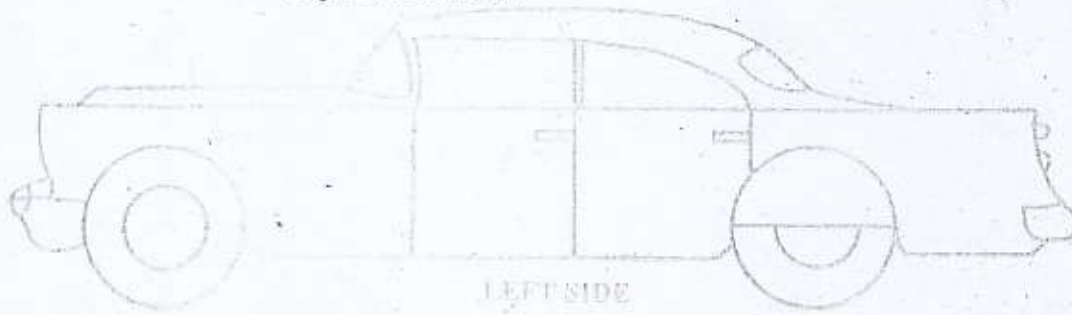
Date \_\_\_\_\_

Insured's Signature \_\_\_\_\_



## DAMAGE TO INSURED'S MOTOR VEHICLE

It is **IMPERATIVE** that full details to your Motor Vehicle is shown in the Diagrams below.



*Please state Name and Address Where Motor Vehicle can be examined:—*

### **IMPORTANT**

#### **In case of Accident**

**DO NOT** admit liability or make any payment or promise to the Third Party.

**DO NOT** omit to take and forward the name and address of Witnesses.

**DO NOT** leave your Vehicle out in the open unattended.

You are urged to give us immediate notice of any accident and to set out the circumstances clearly. Our object in issuing this form is to learn the facts. Please help us to do so. For instance, do not throw the blame on the other party without adequate reason. If the driver of your vehicle was at fault, say so. It will not prejudice your claim.

If your vehicle is damaged it should at once be removed to the nearest Garage. If the local repairer is competent to effect the repairs, a written estimate should be secured and if the total cost does not exceed the work may be done at once, but the estimate must be sent to the Company's representative named hereon immediately with all other necessary particulars. If the cost does not exceed the limit mentioned, send the estimate to us and let the repairer await our advices. We will attend to the matter at once.