



Estd : 1942

Habib Insurance Company Limited

(INCORPORATED IN PAKISTAN)

MOTOR VEHICLE CLAIM FORM

Policy No. _____

Claim No. _____

The Company does not admit liability by the issue of this form
In the event of accident or damage to your vehicle it must
immediatley be reported to the Police.

1. Name of Insured _____
2. Address _____ Telephone No. _____
3. Make of vehicle _____ Model _____ Registration No. _____
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 width of road, on which accident occurred _____
or if at an intersection width of both streets _____
9. State date and time at which accident occurred _____ at _____ a.m.
10. At what speed was the vehicle travelling? _____ p.m.
11. Who was driving the vehicle at the time of accident? _____
12. State driver's age _____ Licence No. _____ Has Licence ever been endorsed? _____
13. Was driver perfectly sober? _____
14. If driver is an employee (a) How long has he been in your service? _____
(b) Was he out on your business at the time of accident? _____
15. If insured was not driving, does the driver own a motor vehicle _____
16. State names and addreses of all occupants of your vehicle _____

17. Was the driver or any other occupant of your vehicle injured? _____ if so give
particulars _____
18. State names and addresses of witnesses other than occupants of your own vehicle

19. 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 _____
20. State who in your opinion was to blame for the accident and why _____

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

22. Is Police action pending against any person as a result of the accident? _____
 If so whom, and what is the charge? _____
23. Give full particulars of the damage to your vehicle _____

24. State probable cost of repairs in your own opinion _____
25. Where can the vehicle be inspected? _____
26. State name and address of your usual repairer _____

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

NB - 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 authorise you to lodge a claim on my behalf against the third party (if any)

Date _____

Witness _____

N.B.:- All questions must be answered.

Insured's signature & seal

SATISFACTION NOTE

Date _____

Claim No. _____

I hereby acknowledge having received from Messrs _____

the repairers, my _____ Registration No. _____

duly repaired and in complete running order to my entire satisfaction and in consideration of their setting the repair bill amounting to Rs. _____ of the aforesaid. I hereby give this discharge to Messrs **Habib Insurance Company Limited.**, under their policy No. _____

_____ in full and final settlement of all claims, present or future arising directly or indirectly, out of the accident which occurred to my aforesaid vehicle.

Signature of the Owner (Insured) _____

Address _____

The surveyor's assessed amount may please be paid to the workshop M/s. _____

(Signature with Rubber Stamp)