



CELL INSURANCE
COMPANY (PVT) LTD



Motor Claim Form

Please complete in block letters & tick where applicable

Supporting documents required to process claim

1. Copy of driver's license
2. A police report
3. Details of the third party if any
4. At least 3 repair quotations from a reputable garage

Insured's Details

Name of insured

Physical Address

Postal Address

Telephone Number Cellphone

Address where loss occurred

1. When did the loss/damage occur d | d | m | m | y | y | y | y

2. Name of driver at time of loss

3. Is driver (A) Owner (B) Owner's Employee (C) Owner's Relative/Friend

If (B) or (C), did you authorize the journey? Yes No

4. State fully what the vehicle was being used for

5. When was the driver licensed to drive?

6. Vehicle type Reg. No. Makers No.

Class of vehicle License Number Date of Issue d | d | m | m | y | y | y | y

7. Has the driver been convicted of a driving offence? Yes No

If Yes, give brief details and dates

8. Has the driver's license been endorsed? Yes No

9. If there is a hire purchase or other agreement, how much is outstanding? \$

10. If a motorcycle, was a side car attached? Yes No Was there a pillion passenger?

CIRCUMSTANCES OF ACCIDENT/LOSS/DAMAGE

11. Date d | d | m | m | y | y | y | y Time Am/pm Place


12. What was your speed? Was any warning given by you e.g. Hooting, indicating? Yes No

13. Describe weather conditions Visibility Road surface

14. Description of accident/theft
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16. DRAW A SKETCH OF ACCIDENT (If space is not enough please use a separate sheet to illustrate)

N



17. Full extent of damage

18. Place where damaged vehicle can be seen

19. Have you given instructions for repairs to be done? Yes No

20. Estimated cost of repairs

21. If tyres were damaged or stolen state make and mileage done

INJURIES TO OCCUPANTS OF THE VEHICLE

22. Where the passengers being carried in/on your vehicle for hire or reward? Yes No

23. Was any injury sustained by the driver or passenger in your vehicle? Yes No

If Yes , give details of injuries and names of injured person and hospital conveyed to if applicable.

24. Are any of the passengers in the vehicle your employee? Yes No

DETAILS OF THIRD PARTIES

Name

Address

Contact Numbers Vehicle registration number

Full extent of personal injury and /or damage to property

Has notice of any claim been given to you? Yes No

WITNESSES

Name and address of your passengers

Give details of fault made by witness or drivers if any

Name of police station case reported to .State IR No.

Was driver tested for alcohol or drugs? Give details

DECLARATION

I/we declare to the best of my/our knowledge and believe the information given is true and undertake to render the Company any assistance in dealing with this matter until it is resolved.

Date

d	d	m	m	y	y	y	y
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Signature