



Policy No. \_\_\_\_\_

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

# ADAMJEE INSURANCE COMPANY LIMITED

(INCORPORATED IN PAKISTAN)

## MOTOR VEHICLE CLAIM FORM

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

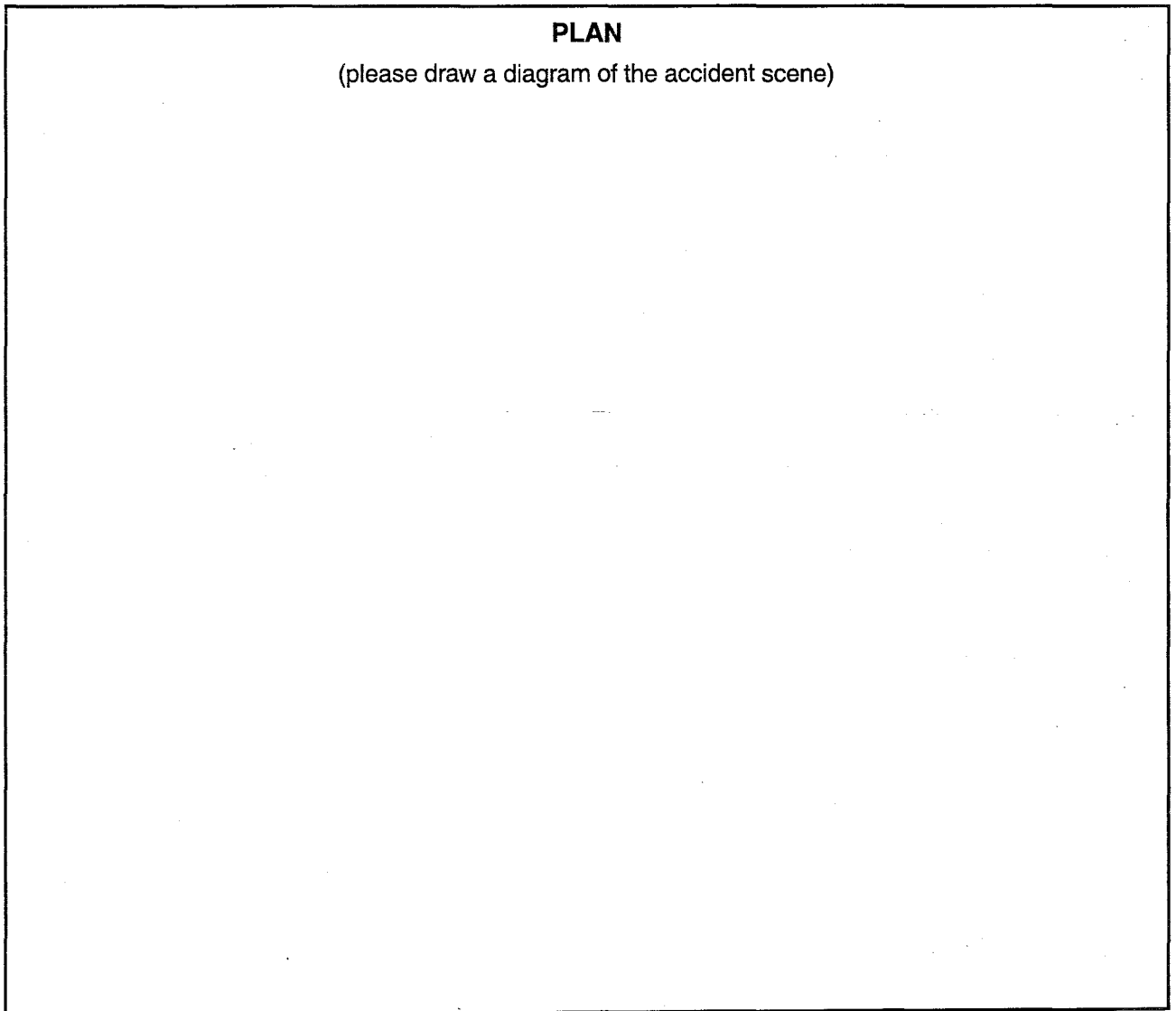
1. Name of Insured \_\_\_\_\_
2. Address \_\_\_\_\_ Telephone No. \_\_\_\_\_
3. Make of Vehicle \_\_\_\_\_ Model \_\_\_\_\_ Registration No. \_\_\_\_\_
4. State date and time at which accident occurred \_\_\_\_\_
5. Please explain how the accident / theft / snatching took place and for what purpose was the Vehicle being driven \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. At what speed was the Vehicle being driven \_\_\_\_\_
7. Please state Driver's Name \_\_\_\_\_ Licence No. \_\_\_\_\_ Expiry Date \_\_\_\_\_
8. State names and addresses of all occupants of your vehicle \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Was the driver or any other occupant of your Vehicle injured? If so give particulars \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Has the accident been reported to Police? \_\_\_\_\_ Did a Police Officer take particulars? \_\_\_\_\_  
Did he witness the accident \_\_\_\_\_ State Police Officer's name \_\_\_\_\_  
Station to which attached \_\_\_\_\_
11. State who in your opinion was to blame for accident and why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Name, address and occupation of such person responsible for accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Is Police action pending against any person as a result of the accident? \_\_\_\_\_  
If so against whom, and what is the charge? \_\_\_\_\_  
\_\_\_\_\_
14. State probable cost of repairs in your opinion \_\_\_\_\_
15. Where can the Vehicle be inspected and state your repairer \_\_\_\_\_

IF THIRD PARTY HAS BEEN INJURED OR DAMAGE HAS BEEN CAUSED TO THE VEHICLE 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 bodily 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**  
(please draw a diagram of the accident scene)



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 \_\_\_\_\_ 200

Witness \_\_\_\_\_

NB. -- All questions must be answered

Insured's Signature