

**THE NEW INDIA ASSURANCE COMPANY LIMITED
MOTOR VEHICLE ACCIDENT CLAIM FORM**

Please do not give any Third Party any information or particulars which you are not required by law to give and in no case admit your fault or make any payment without the written authority of the Company. Please answer all questions fully and factually. This form is not an admission of liability. A claim under your policy may also affect your No Claim Discount at the time of renewal.

1. NAME OF THE INSURED:

Address	Tel. No.	Policy No.
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2. DRIVER:

Name:	
Address:	
Phone No.	Date of Birth
Licence No. Please attach copy of Licence to form	Expiry Date: License Authorised: A /B /C /D /E (please circle)
Relation with Insured: Employee/Family/Friend/Other (pl. specify)	
Was the vehicle being driven with your knowledge and permission? Yes/No	
Did driver consume any alcohol or take any drugs within 12 hours prior to the accident?.	Yes/No If yes, state how much and when:
Does the driver suffer from any physical disability which could affect his driving ability?	Yes/No If yes, give details:
Has the Driver been convicted of any major traffic offence in the past or is any prosecution pending?	Yes/no If yes, give details:

3. INSURED VEHICLE:

Make & Model	Year	Reg No.
Colour:	Mileage	Motor No.
Chassis No.:	Hire-Purchase if any:	
Use of the vehicle at the time of accident:	Private / Business / Commercial	
If used for business purpose, state the business activity:		
If used for carriage of passengers on hire, state the number of passengers carried excluding the driver:		
If used to carry goods state nature of goods and the load carried:		
Was any trailer attached to the vehicle:	Yes/No	

4. ACCIDENT DETAILS

Date:	Time:
Location: (street/suburb)	Speed limit at the site:

5. WITNESS TO ACCIDENT

Name:	Phone No.	Age:
Address:	Is the witness a passenger in your vehicle:	Yes/No

6. DESCRIPTION OF ACCIDENT (Explain what happened and show the damage to your vehicle on the diagram. You must also tell us the road conditions at the time of accident i.e. whether the road was dry or wet, if night time whether it was illuminated or not and whether the lights of all vehicles including that of your vehicle were on.)

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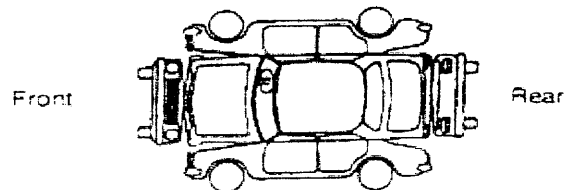


Diagram of Accident (Please show road measurements and the positions of the parties and the course taken by them leading up to the accident.)

7. OTHER VEHICLE DETAILS

Year, Make & Model			
Registration No.:		Colour:	
Insurance Company:			
Driver's Name:			
Address:		Phone No.:	
Licence No.		Expiry Date:	
Registered Owner:		Phone No.:	
Address:			
Please use extra sheets if more than two vehicles are involved in this accident.			

8. DAMAGE TO OTHER VEHICLE OR PROPERTY

Which parts of the vehicle were damaged:		Likely costs:	
Property damaged if any:		Likely costs:	

9. INJURIES:

In your vehicle:	Name:		Age:	
Nature of injuries:			Were seat belts in use:	Yes/No
In other vehicle:	Name:		Age:	
Nature of injuries:			Were seat belts in use:	Yes/No
Pedestrian:	Name:		Age:	
Nature of injuries:				
Cyclist	Name:		Age:	
Nature of injuries:				
Please use extra sheets if more persons are injured in this accident.				

10. GENERAL

Who do you consider was at fault and why?	
Did the Police attend the accident? If No, was the accident reported to the Police? If Yes, which Police Station?	Yes/No
What speed were the vehicles doing at the time of the accident?	Your vehiclekph. Other vehicle.....kph
Where can the vehicle be inspected if needed?	

I / we the above named, do hereby, to the best of my / our knowledge and belief, warrant the truth of the foregoing statements in every respect, and I / we have made, or in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment of fact, the policy shall be void and all right to recover there under, in respect of past, present or further accidents shall be forfeited.

Date: Signature:

Name:.....