



রিলিয়েন্স ইন্স্যুরেন্স লিমিটেড RELIANCE INSURANCE LIMITED

SHANTA WESTERN TOWER (LEVEL-5), 186, TEJGAON I/A, DHAKA-1208, BANGLADESH.
TEL : +880 2 88 788 36- 45, FAX : +880 2 88 78831-34, MOBILE : 01714 014895

MOTOR CLAIM FORM \

Claim No. RIL / MVL ()

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

"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 or offer of payment without the written authority of the Company."

Answer ALL questions FULLY. It will avoid unnecessary correspondence and consequent delay in settlement of Claim.

1. Name of Insured (in full) _____
2. Address _____
3. Occupation _____
4. The Insured Vehicle _____ POLICY/CERT NO. _____
 - (a) Make _____ (b) Horse Power _____ (c) Registration No. _____
 - (d) Price of the Vehicle Paid by the Insured _____ (e) Year of manufacture _____
 - (f) Sum Insured _____
 - (g) Purpose for which it was being used at the time of accident _____
 - (h) Was it in proper order and condition at the time of accident ? _____
 - (i) Was it being used with your knowledge and consent ? _____
 - (j) If the claim is in respect of a Motor Cycle state whether a Pillion passenger was being carried at the time of accident _____
 - (k) If the claim is in respect of a Lorry state whether a trailer was attached _____
5. The Person driving at the time of accident
 - (a) Full name of the person _____
 - (b) His address _____
 - (c) His age _____ (d) Is he your permanent paid driver ? _____
 - (e) Date and number of Licence _____ (f) Was it in force at the time of accident ? _____
 - (g) Has it ever been endorsed or suspended? If so, give full details with date _____
 - (h) Is he entitled to indemnity under any other company's Policy ? _____
 - (i) Was he sober ? _____

5. The Accident (*Damage, Fire, Theft,*)

- (a) Date of Occurrence _____ (b) Time _____
- (c) Place (Street or Road and Town) _____
- (d) Were you in the Vehicle ? _____ (e) If not, when was it reported to you ? _____
- (f) On what side of the Street or Road was your vehicle and how far from the kerb ? _____
- _____
- (g) What was the width of the Street or Road ? _____
- (h) At what speed was the vehicle being driven before the accident ? _____
- (i) At what speed was it being driven at the time of accident ? _____
- (j) Give full details of the nature and cause of the
- Accident
- Theft
- Fire

(k) If possible draw a sketch of the scene of accident:

7. The Damage

(a) Give in detail the extent of all damage to the insured vehicle directly due to the accident.

(b) Estimated cost of repairs :Taka _____

(c) Where can the vehicle be inspected ? _____

(d) Have you given instructions for repairs to be carried out ? If so, to whom (Name & Address) _____

(e) Have you instructed them to send an estimate to the Company immediately ? _____

N.B.- If possible an estimate of repair should be attached with this Form and in any event it must be sent to the Company.

8. The Result

(a) Has the accident caused any injury to any person or persons? If so, give the following particulars :-

Name	Address	Occupation	Nature of injuries	Whether being conveyed in the vehicle or not

(b) If any injured person has been removed to any Hospital or Medically attended. If so, give name and address of the Hospital or Doctor _____

(c) Did the accident cause damage to property or livestock ? If so, give name and address of the owner stating nature and extent of damage _____

9. General

(a) Has any claim been made upon you by any Third Party ? If so, give details and attach the intimation.

(b) If accident was caused by the fault of any Third Party, give name and address of such person/s

(c) How many person(s) were in the vehicle at the time of accident ?

(d) Give the following particulars about all witnesses to the accident :-

Name	Address	Whether being conveyed in the vehicle or not

(e) Was the matter reported to the Police? If so, give name of the Police Station _____

(f) What action, if any, has been or is being taken by the Police or any other authority ? _____

(g) Give particulars of other insurance on the vehicle, if any _____

I/We, the above named, do hereby to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in the every respect and I/We agree that if I/We have made, or in any further declaration the Company require in respect of the said accident, shall make any false or fraudulent statement or any suppression or concealment the Policy shall be void and all rights to recover thereunder in respect of past or future accident shall be forfeited.

Date _____

Witness _____

Signature _____