# Kerala State Government Insurance Department

## Motor Claim Form

The issue of this form is not to be taken as an admission of liability. Please answer all questions and fully. It will avoid unnecessary correspondence and consequent delay in the settlement of claim.

### Insured

- **Name:**
- **Address:**
- **Occupation:**

### Particulars of Vehicle Concerned in Accident

<table>
<thead>
<tr>
<th>Make and year</th>
<th>Horse Power</th>
<th>Registered Letters and number</th>
<th>For what purpose was the Vehicle being used?</th>
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- Was the Vehicle in a safe and roadworthy condition?
- If you own more than one Motor Vehicle, how many were in use at the same time?
- If a Motor Cycle:
  - Was a Trailer attached? (1) Was a Sider attached.
  - (2) Was a Pillion Rider carried.

### If a Commercial Vehicle

- State nature of goods carried?
- Was the Vehicle loaded to capacity?
- What was the weight of goods carried?
- Was the Vehicle plying for hire?

### Driver

- **Name of Driver at the time of Accident:**
- **Address of Driver:**
- **Is Driver (a) Owner (b) Owner's Paid Driver or (c) Owner's Relative or Friend? (a) (b) (c)**
- **Was he to your knowledge sober and fully competent to drive?**
- **No. of driving licence and date of expiry:**
- **Is it Temporary or Permanent?**
- **Has it been endorsed? If so, give particulars.**
- **Has Driver, previously been involved in an Accident?**
- **If paid Driver, how long has he been in your employment?**
- **Have the police charged the Driver, and if so, why?**

### Other Insurance

- **Is there any other Policy indemnifying you or the Driver in respect of this accident?**

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SMT 55/2734/95 10,000
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Place</th>
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Estimated Speed of your Vehicle............................ miles per hour.

Was horn sounded ?........................................... If so, how many times ?

Give a short description of how the accident, loss or breakdown occurred:

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<tr>
<th>STATE HOW ACCIDENT, LOSS OR BREAKDOWN OCCURRED</th>
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</table>

If accident was caused by the fault of any Third party, give name and address of such person/s.

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<th>SKETCH</th>
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Please make a rough Plan of the road on the back of this form showing position of Vehicles and Persons concerned at the time of Accident. An arrow should indicate the directions in which they were moving.

1. Date........................................ Time....................................... Place.................................. |
2. When did you last use the Car ?.......................... |
3. (a) What has been stolen ?................................. |
   (b) State estimated cost of replacement.................. |
4. (a) If theft occurred while vehicle was standing in the street, was it unattended ?.......................... |
   (b) If so; how long ?.................................. |
5. If Car was in garage, was forcible entry made ?........ |
6. When was the theft reported to you ?...................... |
7. By whom discovered and when ?................................ |
   (a) Have Police been notified ?.......................... |
   (b) If so, when and with what result ?..................
   (c) State name of Police Station ?...........................
8. (a) Is paid Driver kept ?..................................
     (b) If so, how long has he been in your service ?......
9. Do you suspect any person ?.................................|
10. |
Give names and addresses of all witnesses of accident:

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<tr>
<th>Passengers in Car</th>
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<tr>
<th>Independent Witnesses</th>
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If Witnesses' names not taken, give reason.

Did a Police Constable witness accident or take particulars?

Constable's No.

Was Accident reported to Police, if so, state name of Police Station.

Was any statement, as to fault, made by witnesses or Drivers at time?

Name.

Address.

Full extent of Personal Injuries or Damage to Property.

Has Notice of any claim been given to you?

Please despatch to the department forthwith any unanswered and written Communications which may have been received.

Was any injury sustained by your Driver or Occupants of your Motor Vehicle or by any Third Party? If so, state full extent thereof.

If any injured person has been removed to a Hospital or medically attended give name and address of the Hospital or Doctor.

Full particulars of damage.

Estimated cost or repairs. Address where damaged Vehicle may be inspected.

Repairers should be requested to forward Estimates to the department immediately for verification.

Have you given any instructions as to repairs being started?

In the event of damage to Tyres as result of the Accident state:

Make. Size. Type.

When Purchased. Approximate mileage done.

Has it been Retreaded. When.
I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect: and I/We agree that if I/We have made, or in any further declaration the Department may 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 accidents shall be forfeited.

Date:...........18........

Insured's Signature:........................................