

KERALA STATE GOVERNMENT INSURANCE DEPARTMENT

MOTOR CLAIM FORM

Certificate/Policy No., Expiry Date..... Claim No.....

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 border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Make and year</th> <th style="width:15%;">Horse Power</th> <th style="width:25%;">Registered Letters and number</th> <th style="width:35%;">For what purpose was Vehicle being used?</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Was the Vehicle in a safe and roadworthy condition?.....</p> <p>If you own more than one Motor Vehicle, how many were in use at the same time</p> <p>If a Motor Cycle :</p> <p>Was a Trailer attached ? (1) Was a Sider attached.....</p> <p>(2) Was a Pillion Rider carried.....</p>	Make and year	Horse Power	Registered Letters and number	For what purpose was Vehicle being used?				
Make and year	Horse Power	Registered Letters and number	For what purpose was Vehicle being used?						
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..... Age..... 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?.....								

STATE HOW
ACCIDENT, LOSS
OR
BREAKDOWN
OCCURRED

Date.....Time.....Place.....

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

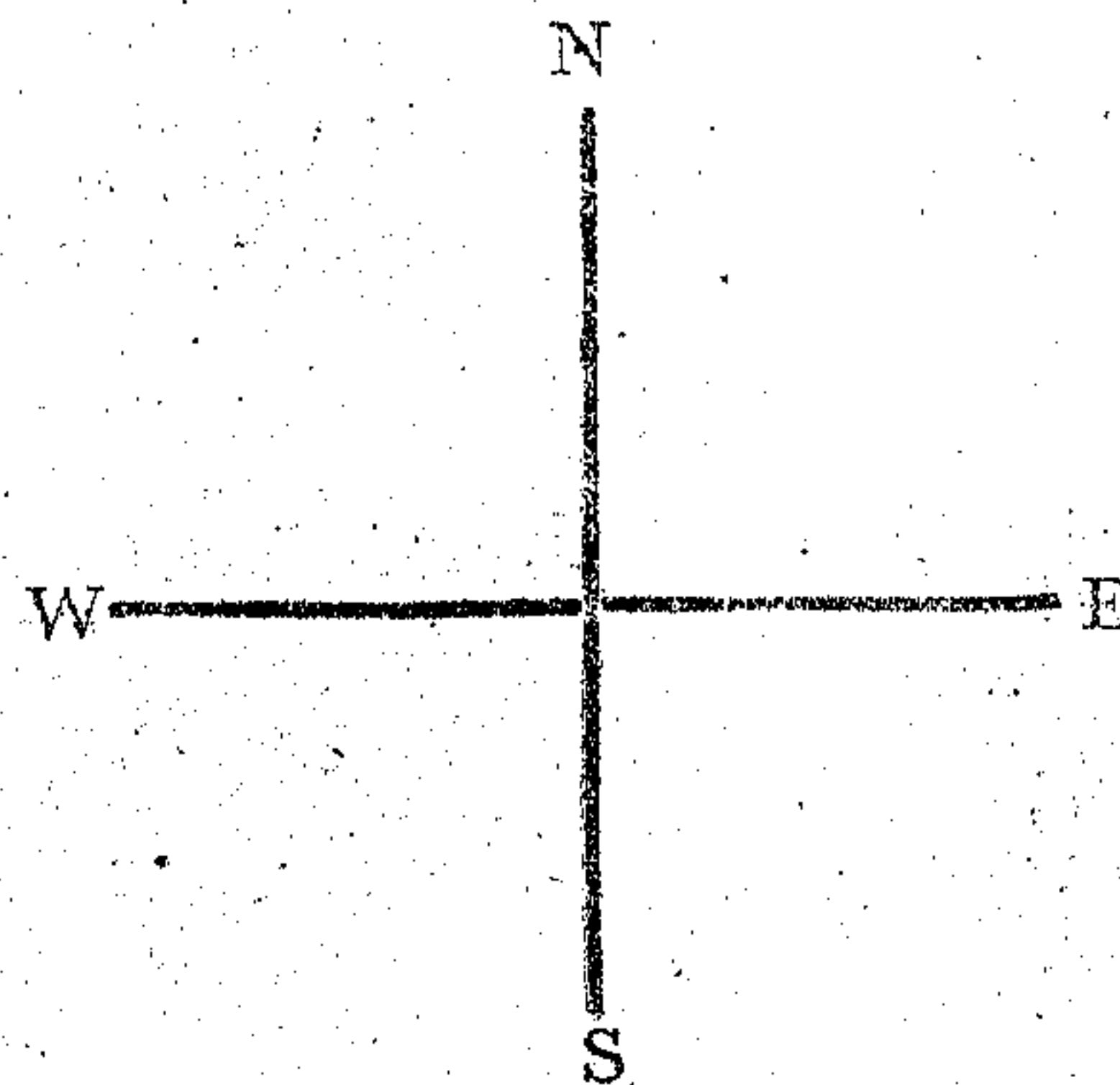
SKETCH

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.

IN CASE OF THEFT
PLEASE GIVE THE
FOLLOWING
DETAILS

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 grage, was forcible entry made ?.....
6. When was the theft reported to you ?.....
7. By whom discovered and when ?.....
8. (a) Have Police been notified ?.....
(b) If so, when and with what result ?.....
(c) State name of Police Station ?.....
9. (a) Is paid Driver kept ?.....
(b) If so, how long has he been in your service ?.....
10. Do you suspect any person ?.....

THIS SPACE IS RESERVED FOR ROUGH SKETCH OF SCENE OF ACCIDENT



I/We the abovernamed, do hereby, to the best of my/our knowledge and belief, warrant the truth of the forgoing 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.....19.....

Insured's Signature.....