

NATIONAL INSURANCE COMPANY LIMITED

(Regd. Office : 3, Middleton Street, Calcutta – 700 071)

MOTOR CLAIM FORM

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Issue of this form is not to be taken as an admission of liability.

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To avoid unnecessary delay, correspondence and trouble, this form should be returned within 7 days of its issue to the Policy Issuing Office with all relevant questions fully answered.

- Ticks or dashes will not suffice.

Address for Communication :

Policy/Certificate/Cover Note No.:

Period of Insurance :

Claim No. :

Agents Code :

1. THE INSURED

a) Name in full

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b) Address for Correspondence

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c)

Telephone Number, if any \_\_\_\_\_

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2. THE INSURED VEHICLE

a) Particulars of Vehicle

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Make

Year of Manufacture

Engine No.

Chasis No.

Registration No.

b) Was the vehicle in proper working condition ?

c) For what purpose was the vehicle being used at  
the time of accident ?

d) Was a trailer attached ?

Yes / No \_\_\_\_\_

Yes / No \_\_\_\_\_

The following additional information is required in case of Motor Cycle / Scooter :

e) Was a side Car attached ?

Yes / No

f) Was a pillion rider carried ?

Yes / No

The following additional questions need to be answered in case of commercial vehicles :

g)

Registered laden weight

:

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h)

Unladen weight

:

i)

Weight of goods carried

:

j)

Nature of Permit

:

k)

Nature of goods carried

:

l)

Was the vehicle plying for hire

:

Yes / No

m)

Number of passengers carried

:

n)

Number of passengers permitted

:

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3. DRIVER AT THE TIME OF ACCIDENT

a) Name

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b) Age \_\_\_\_\_

c) Address

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d) Is the Driver

1) Owner

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2) Paid Driver

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3) Owner's Relative or Friend

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e) If Paid Driver, how long has he been

In your employment ?

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f) Was he under the influence of

Intoxicating Liquor or drugs

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g) Driving Licence Number

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h) Issuing Authority

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i) Date of Expiry

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j) Was the licence temporary / permanent

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k) Details of endorsement / suspension, if any

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l) Has he been involved in any accident before

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m) Has he been charged by the Policy ? if so why ?

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#### 4. OTHER INSURANCE

Details of other insurance policy/ies indemnifying

You in respect of this accident

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#### 5. DETAILS OF ACCIDENT

a) Date of Time

Date

Month

Year

Time

A.M.

P.M.

b) Place

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c) Speed of your vehicle at the time of accident

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d) Give a short description of the accident

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e) If any third party was responsible for the

Accident, give name and address

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## 6. DAMAGE TO INSURED VEHICLE

a) Full details of damage

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b) Estimated cost of repairs

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c) When and where can the damaged vehicle be inspected ?

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## 7. THIRD PARTY INJURY / PROPERTY DAMAGE Page 4

a) Name

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b) Address

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c) Full details of personal injury sustained

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d) Name & Address of any person / hospital

Giving medical attention to injured person

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e) Full details of property damaged

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f) Has notice of any claim been given to you ?

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**8. INJURY TO DRIVER / OCCUPANT**

a) Was Driver / any occupant injured ?

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b) If yes, give full details

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9. WITNESSES

a) Give names and address of passengers /

Other witnesses, if any

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b) Did a police constable take particulars of the accident ?

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c) Was accident reported to police , if not why ?

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d) If yes, to which police station

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e) C.R. Diary number

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10. THEFT

a) Date & Time

: \_\_\_\_\_

b) Place

: \_\_\_\_\_

c) What was stolen ? (If parts only give full

Details in separate sheet)

: \_\_\_\_\_

d) Estimated cost of replacement

: \_\_\_\_\_ Page 5

e) By whom discovered and reported ?



: \_\_\_\_\_

f) Was theft been reported to police ?

: \_\_\_\_\_

g) When

: \_\_\_\_\_

h) C.R. Diary Number

: \_\_\_\_\_

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 company

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 right to recover thereunder in respect of past or future accidents shall be

forfieted.

Date

Signature of the Insured

Skd./ motor claim