

HEAD OFFICE:

UIG House, 2nd Floor, 6-D, Upper Mall, Lahore, Pakistan. Toll Free: 0800-84275 Tel: (042) 35776475 to 83

U.A.N.: (042) 111-000-014 Fax: (042) 35776486 & 35776487 Email: uicp@theunitedinsurance.com

POLICY (PMD) NO.:	DUE DATE:
CLAIM NO :	

MOTOR VEHICLE NOTICE OF ACCIDENT FORM

THIS FORM MUST BE RETURNED TO THE COMPANY IMMEDIATELY WITH ALL QUESTIONS FULLY ANSWERED WHETHER A CLAIM IS LIKELY TO ARISE OR NOT

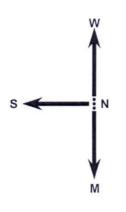
The Company does not admit liability by the issue of this form

Please read this form through before filling in details

	Name						
PARTICIPAINT	OccupationPhone No						
	Address						
PARTICULARS OF VEHICLE CONCERNED IN ACCIDENT	Make year and cost price Horse Power/CC Registered Letters and Numbers 1. For what purpose was purpose was vehicle being used? 2. For what purpose generally used?						
	Was a trailer attached						
DRIVER	Name of Driver at the time of accident? Age. Address of Driver Owner? Is Driver Owner's regular paid Driver? Owner Relative or Friend? Driving License No Its nature whether permanent or Learning Issued Date of first license Has it been endorsed? If so, give particulars. Has drive previously been involved in Accident? If paid Driver, under the influence of alcohol of drugs at the time of the accident State exactly what alcoholic drinks or drugs. The driver had in the 8 hours immediately Preceding the accident, and where						
	Date						
STATE HOW ACCIDENT,LOSS OR BREAKDOWN OCCURRED	Give full description of accident Loss or Break-down						

SKETCH

Please make rough plan of the road in the space reserve below illustrating the position of Vehicles and Persons concerned at the time of Accident. An arrow should indicate the directions in which they were moving



WITNESSES

It is most important that names and address of all independent witness of an Accident should be obtained. Whether the Driver considers himself to blame or not.

Give names and address of all witnesses of Accident:-

Passengers			
in Car			
ndependent			
Witnesses			
f witnesses nan	ne not taken, give reason		

Was the matter reported to the police? If so, give name and address of Police station and state what action, if any, has or is being taken.....

PARTICULARS
OF DAMAGE
OR INJURY TO
THIRD PARTY
(PROPERTY OR
PERSONS)

Name

Full extent of Personal Injuries or Damage of Property.....

If any injured person has been removed to hospital or medically attended, give name and Address of the Hospital or Doctor.....

Has Notice of any Claim been given to you?

Admit no liability in any circumstances but dispatch to the Company forthwith and unanswered any written communications which have been received.

		Full particulars of			
		Damage			
PARTICULARS OF DAMAGE TO		Estimated Cost of repairs Address where damaged Vehicle may be Inspected			
		Have you given any instructions as to repairs being started and if so, to whom?			
		Have you instructed them to send an estimate to the company immediately?			
PARTICIPAN	1	In the event of damage to tyres as a result of the Accident state:			
VEHICLE		MakeTypeType			
		When Purchase?Approximate Mileage Done			
		Has it been Retreaded?WhenWhen			
ALSO TO BE FILLED IN CASE OF THEFT					
(1)		If loss occurred while vehicle was standing in street.			
	(1)	Was if unattended? If so, how long?			
	(2)	If car was in garage, was forcible entry made, If so in what manner?			
	(3)	Have the Police been advised? If so when and with what result?			
THEFT					
	(4)	Was any damage infected to the car?			
	(5)	Is paid Driver kept, if so, how long has he been in our employment?			
	100.00				
		Discount of the supervisor level			
	(6)	Please state any further particulars?			

Is there any other policy indemnifying you or the Driver is respect to this accident?

I hereby declare the foregoing particulars to be true in

We every respect and claim under the Policy the amount of My Loss.

Our
Date.....

Participant's Signature.....



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MOTOR CLAIMS

(Accident Department)

SATISFACTION NOTE DISCHARGE RECEIPT	Loss No.	
	Dated:	
I hereby acknowledge having received from Mes		
the repairs my		
repaired and in complete running order to my	y entire satisfaction and in considera	tion of setting the
repairers bill amounting to Rs.		give this discharge
to The United Insurance Company of Pakista	ın Ltd. – Window Takaful Operations	under their Policy
(PMD) No	_ In full and final settlement of claims.	Out of the accident
which occurred to my aforesaid vehicle on the _	20	
	Stam	p & Signature
Signature of the owner (Participant)		
Address:		

NOTE: THIS FORM MUST BE SIGNED ONLY BY THE PARTICIPANT