



The United Insurance Company of Pakistan Ltd.
TAMEEM
Window Takaful Operations

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

<i>PARTICIPANT</i>	Name Occupation Phone No Address												
<i>PARTICULARS OF VEHICLE CONCERNED IN ACCIDENT</i>	Make year and cost price 	Horse Power/CC 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Registered Letters and Numbers</td> <td style="width: 70%;"> 1. For what purpose was purpose was vehicle being used? 2. For what purpose generally used? </td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;"> Was a trailer attached How many persons where in the vehicle at the time. Was Vehicle in proper order and condition at the time? Is PMD-holder the owner of the Vehicle Was the vehicle being used with the owner's knowledge and consent? </td> <td style="width: 45%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">If Motor Cycle</td> </tr> <tr> <td> 1) Was a sidecar attached? 2) Was a pillion Rider carried? </td> </tr> <tr> <td style="text-align: center;">If Goods carrying vehicle</td> </tr> <tr> <td> 1) State nature and approximate weight of load carried? 2) Was a Trailer attached? </td> </tr> </table> </td> </tr> </table>	Registered Letters and Numbers	1. For what purpose was purpose was vehicle being used? 2. For what purpose generally used?			Was a trailer attached How many persons where in the vehicle at the time. Was Vehicle in proper order and condition at the time? Is PMD-holder the owner of the Vehicle Was the vehicle being used with the owner's knowledge and consent?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">If Motor Cycle</td> </tr> <tr> <td> 1) Was a sidecar attached? 2) Was a pillion Rider carried? </td> </tr> <tr> <td style="text-align: center;">If Goods carrying vehicle</td> </tr> <tr> <td> 1) State nature and approximate weight of load carried? 2) Was a Trailer attached? </td> </tr> </table>	If Motor Cycle	1) Was a sidecar attached? 2) Was a pillion Rider carried?	If Goods carrying vehicle	1) State nature and approximate weight of load carried? 2) Was a Trailer attached?
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<i>DRIVER</i>	Name of Driver at the time of accident? Age..... Address of Driver..... Is Driver Owner? Owner's regular paid Driver? Owner Relative or Friend? Driving License No Expiry 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.....												
<i>STATE HOW ACCIDENT, LOSS OR BREAKDOWN OCCURRED</i>	Date Time Place..... Estimate Speed of your vehicle Miles per hour..... How did you signal your approach? Give full description of accident Loss or Break-down.....												

<p>SKETCH</p>	<p>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</p>
	
<p>WITNESSES</p> <p><i>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.</i></p>	<p>Give names and address of all witnesses of Accident:-</p> <p>Passengers in Car</p> <p>Independent Witnesses</p> <p>If witnesses name not taken, give reason.....</p> <p>Did a Police Sepoy witness Accident or take particulars?</p> <p>Sepoy's No.....</p> <p>Was any statement, as to fault, made by witnesses or Drivers at the time? </p> <p>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.....</p>
<p>PARTICULARS OF DAMAGE OR INJURY TO THIRD PARTY (PROPERTY OR PERSONS)</p>	<p>Name</p> <p>Address</p> <p>Full extent of Personal Injuries or Damage of Property.....</p> <p>If any injured person has been removed to hospital or medically attended, give name and Address of the Hospital or Doctor.....</p> <p>Has Notice of any Claim been given to you?</p> <p>Admit no liability in any circumstances but dispatch to the Company forthwith and unanswered any written communications which have been received.</p>



MOTOR CLAIMS (Accident Department)

SATISFACTION NOTE DISCHARGE RECEIPT

Loss No. _____

Dated: _____

I hereby acknowledge having received from Messrs _____

the repairs my _____ Registration No. _____ duly
repaired and in complete running order to my entire satisfaction and in consideration of setting the
repairers bill amounting to Rs. _____ /- of the aforesaid. I hereby give this discharge
to **The United Insurance Company of Pakistan 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

Stamp & Signature

Signature of the owner (Participant) _____

Address: _____

NOTE: THIS FORM MUST BE SIGNED ONLY BY THE PARTICIPANT