

# MOTOR CLAIM FORM

Policy No. ....

Claim No. ....

KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION  
OF LIABILITY

Do not admit your fault nor make any payment or offer of payment without the written authority of the Department.

Answer ALL questions and FULLY. It will avoid unnecessary correspondence and consequent delay in the settlement of claim.

1. Name of Insured (in full) .....

2. Address .....

3. Occupation .....

4. The Insured Vehicle :

(a) Make ..... (b) Horse Power .....

(c) Registered No. ....

(d) Price paid by the Insured .....

(e) Year of manufacture .....

(f) Purpose for which it is generally used .....

(g) Purpose for which it was used at the time of accident .....

(h) Was it in proper order and condition at the time ?

(i) Was it being used with your knowledge and consent ?

(j) If the claim is in respect of a motor-cycle state whether a pillion passenger was being carried at the time of accident .....

(k) If the claim is in respect of a lorry, state whether a trailer was attached .....

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5. Details of person who was driving the vehicles :

(a) Full name of the person who was driving the vehicle at the time of accident .....

- (a) His age .....
- (c) His full address .....
- (d) His licence number .....
- (e) Has it ever been endorsed or suspended ?  
.....
- (f) Has he ever been convicted of an offence against any of the Motor Vehicle Acts or Bye-Laws?  
If so, give full details with dates .....
- (g) Was he under the influence of intoxicating liquor at the time of accident ?
- (h) If he is a paid driver is he your regular employee ? .....
- (i) How many drivers do you employ ? .....

6. THE ACCIDENT (Damage, Fire, Theft)

- (a) Date of occurrence .....
- (b) Time .....
- (c) Place (Street or Road and Town ) .....
- (d) When was it reported to you ? .....
- (e) On what side of the Street or Road was your vehicle and how far from the Kerb ? .....
- (f) What was the width of the Street or Road ? .....
- (g) At what speed was the vehicle being driven before the accident ? .....
- (h) And at what speed was it being driven at the time of the accident ? .....

(i) Give full details as to nature and cause of the accident / Theft / Fire

(j) If possible draw a sketch of the scene of the accident :

6. THE DAMAGE :

- (a) Give in detail the extent of all damage to the Insured Vehicle directly due to the accident
- (b) Estimated cost Rs.
- (c) Where can the vehicle be inspected .....
- (d) Have you given Instruction for repairs to be carried out. If so, to whom (Name and Address) .....
- (e) Have you Instructed them to send an estimate to the Department immediately ?

N.B. An estimate of repairs along with photos of the accident vehicles should be attached to this form and in any event it must be sent to the Department without undue delay

8. THE RESULT

- (a) Has the accident caused any injury to any person or persons ? If so give the following particulars :

Name	Address	Occupation	Nature of Injuries	Whether being conveyed in the vehicle or not
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(b) Is any injured person has been removed to a Hospital or medically attended give name and address of the Hospital or Doctor .....

(c) Did the accident cause damage to property or Livestock ? If so give name and address of the owner stating nature and extent of damage .....

#### 9. GENERAL

(a) Has any claim been made upon you by any third party : If so give details and attach the intimation .....

(b) If accident was caused by the fault of any third party give name and address of such person/s .....

(c) How many persons were in the vehicle at the time of accident ? .....

(d) Give the following particulars about all witness to the accident

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Name	Address	Whether being conveyed in the vehicle or not
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- (e) Was the matter reported to the Police ? If so, give name of the Police Station .....
- (f) What action if any, has been or is being taken by the Police or any other authority :
- (g) Give the particulars of other insurance on the vehicle, if any .....

I/We the above named, do hereby, to the best of my / our knowledge and belief warrant the truth of the foregoing statements in every respect ; and I/we agree that if I / We have made or in any further declaration the Department requires in respect of the said accident, shall make any false or fraudulent statement the suppression or concealment the Policy shall be void and all rights to recover there under in respect of post or future accidents shall be forfeited.

Date

Signature with Seal

Witness

**KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE - 1**

DRIVER'S STATEMENT

I the undersigned Sri ..... son of  
Sri ..... Aged ..... residing at  
..... is a  
regular employee of Sri ..... owner of  
Vehicle No. .... and I hereby declare that I was driving the  
Vehicle on ..... when the vehicle met with an accident.

My driving Licence Number is ..... and current up to  
.....

Witness :--

(1)

Signature