UBL INSURERS LIMITED

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**Policy No.** _____ **Claim No.** _____

# MOTOR VEHICLE CLAIM FORM

The Company does not admit liablity by issuance of this form.
In the event of accident or damage to your vehicle it must immediately be reported to the Police.

1. Name of Insured _____
2. Address _____ Telephone No. _____
3. Make of Vehicle _____ Model _____ Registration No. _____
4. State date and time at which accident occurred _____
5. Please explain how the accident / theft / snatching took place and for what purpose was the vehicle being driven

   _____

   _____

   _____
6. At what speed was the vehicle being driven _____
7. Please state Driver's name _____ Licence No. _____ Expiry Date _____
8. State names and addresses of all occupants of your vehicle _____

   _____

   _____
9. Was the driver or any other occupant of your vehicle injured? If so give particulars _____

   _____

   _____
10. Has the accident been reported to Police? _____ Did a Police Officer take particulars? _____

    Did he witness the accident _____ State Police Officer's name _____

    Station to which attached _____
11. State who in your opinion was to blame for accident and why _____

    _____

    _____
12. Name, address and occupation of such person responsible for accident _____

    _____

    _____
13. Is Police action pending against any person as a result of the accident? _____

    If so against whom, and what is the charge? _____

    _____
14. State probable cost of repairs in your opinion _____
15. Where can the vehicle be inspected and state your repairer _____