POLICY No	DUE DATE		
	8		
OLAIM NI-			

THE UNITED INSURANCE COMPANY OF PAKISTAN LIMITED

(INCORPORATED IN PAKISTAN, LIABILITY OF MEMBERS LIMITED)

HEAD OFFICE

UIG House, 6-D, Upper Mall, Lahore, Pakistan.



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

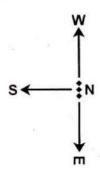
The Company does not admit liability by the issue of this form

Please read this form through before filling in details

INSURED	Occupation			Phone No
	Make Year and cost Price	Horse Power	Registered Lette and Numbers	
PARTICULARS OF			in a	
VEHICLE CON- CERNED IN ACCIDENT.	at the time.	nere in oper or	the vehicle	If Motor Cycle (1) Was a sidecar attached? (2) Was a pillion Rider carried?
	Is policy-holder the Vehicle? Was the vehicle being	owner	of the	If Goods carrying vehicle
DRIVER.	Address of Driver Owner Is Driver Owner Owner Owner Driving Licence No	regular pa Relative or I or Learning give particul volved in Aceen in your uence of alcerinks or dru immediately	id Driver? Friend? ars ccident? employment? cohol or drugs ags	Expiry Date at the time of the accident
	Estimated Speed of your veh	icle		Place Miles per hour
STATE HOW ACCIDENT, LOSS OR BREAKDOWN OCCURRED				

SKETCH

Please make rough plan of the road in the Space reserved 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 addresses of all independent witnesses 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 Independent Witnesses

If witnesses' names not taken, give reason

Did a Police Sepoy witness Accident or take Particulars?

Sepoy's No.

Was any statement, as to fault, made by witnesses or Drivers at the time?

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

Address

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 despatch to the Company forthwith and unanswered any written communications which may have been received.

	Full particulars of Damage	·			
DADTICUII ARS OF		Address where damaged Vehicle may be			
PARTICULARS OF DAMAGE TO INSURED VEHICLE	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? In the event of damage to tyres as a result of the Accident state: Make Type				
	When Purchased?	Approximate Mileage Done When			
	ALSO TO BE	FILLED IN CASE OF THEFT.			
(1)	If loss occurred while Vehicle wa Was if unattended? If so, how lo				
(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 inflicted to the				
(5)		g has he been in our employment?			
(6)	Please state any further particula	ars?			

Is there any other policy indemnifying you or the Driver in 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	

Insured's Signature