

POLICY No. _____

DUE DATE _____

CLAIM No. _____

**THE UNITED INSURANCE
COMPANY OF PAKISTAN LIMITED**

(INCORPORATED IN PAKISTAN, LIABILITY OF MEMBERS LIMITED)

HEAD OFFICE

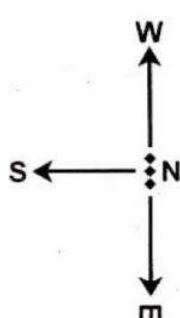
UIG House, 6-D, Upper Mall, Lahore, Pakistan.



**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

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.
	

<p style="text-align: center;">WITNESSES</p> <p><i>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.</i></p>	<p>Give names and address of all witnesses of Accident:-</p> <p>.....</p> <p>.....</p> <p>Passengers in car</p> <p>Independent Witnesses</p> <p>.....</p> <p>If witnesses' names 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>.....</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>.....</p>
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<p style="text-align: center;">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>.....</p> <p>Has Notice of any Claim been given to you?</p> <p><i>Admit no liability in any circumstances but despatch to the Company forthwith and unanswered any written communications which may have been received.</i></p>
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<p>PARTICULARS OF DAMAGE TO INSURED VEHICLE</p>	<p>Full particulars of Damage</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Estimated cost of Repairs Address where damaged Vehicle may be Inspected</p> <p>Have you given any instructions as to repairs being started and if so, to whom?</p> <p>Have you instructed them to send an estimate to the Company immediately?</p> <p>In the event of damage to tyres as a result of the Accident state :</p> <p>Make Size Type</p> <p>When Purchased? Approximate Mileage Done</p> <p>Has it been Retreaded? When</p>
<p>THEFT.</p>	<p>ALSO TO BE FILLED IN CASE OF THEFT.</p> <p>(1) If loss occurred while Vehicle was standing in street. Was it unattended? If so, how long?</p> <p>.....</p> <p>(2) If car was in garage, was forcible entry made, If so in what manner?</p> <p>.....</p> <p>(3) Have the Police been advised ? If so when and with what result?</p> <p>.....</p> <p>(4) Was any damage inflicted to the Car?</p> <p>.....</p> <p>(5) Is paid Driver kept, If so, how long has he been in our employment?</p> <p>.....</p> <p>(6) Please state any further particulars?</p> <p>.....</p> <p>.....</p>

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