THE NEW INDIA ASSURANCE COMPANY LIMITED

15, SIR WILLIAM NEWTON STREET, PORT LOUIS, MAURITIUS, P. O. BOX No.398. PHONE: 208 -1442, 208-5483, FAX No.: 208 2160 - Email: niasurance@intnet.mu

BRN: C06000344

MOTOR CLAIM FORM

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

1. Every letter, claim, writ or summons shall be notified or forwarded to the company immediately on receipt by the insured.
2. Answer ALL relevant questions FULLY.

(A) **INSURED**

NAME _____

ADDRESS _____

_____

TELEPHONE NO : (Res) : _____ (Off.) _____

VAT STATUS ( ) ZERO RATED : _____

( ) EXEMP, : _____

( ) NOT REG. : _____

( ) REGISTERED NO. : _____ Class of vehicle: _____

Agent: _____

1) Claim No.: _____
2) Policy No.: _____
3) Cover: _____
4) Period of cover: _____
5) Sum Insured: _____
6) Excess: _____
7) Previous Accidents: _____

(B) **THE INSURED VEHICLE** (PLEASE ATTACH H.P COPY)

(1) REGISTRATION NO : _____ HORSE POWER : _____

MAKE : _____ CHASIS NO. : _____

ENG NO. : _____ TYPE OF VEHICLEL : _____

YEAR OF MFR : _____

(2) Has any person or firm any financial interest in your vehicle ? Yes/No.

If yes, Gives Details _____

_____

(3) For what purpose was the vehicle being used at the time of accident? :

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

(5) Was it being used with your knowledge and consent? :YES / NO

(6) If the claim is in respect of a motor cycle state whether a Pillion passenger was being carried at the time of accident :YES / NO

(7) If the claim is in respect of a Commercial Vehicle state wether a trailer was attached :YES / NO

(C) PERSON DRIVING AT THE TIME OF ACCIDENT

NAME :_____

ADDRESS :_____

AGE :_____

PERMANENT PAID DRIVER? YES / NO

_____

Relationship to the policy holder: _____

Was the person driving the vehicle under the influence of alcoholic drinks/drugs: YES / NO

(D) LICENCE PARTICULARS OF THE DRIVER (PLEASE ATTACH COPY)

NUMBER :_____

ISSUING AUTHORITY :_____

DATE OF ISSUE :_____

DATE OF EXPIRY :_____

1. HAS IT EVER BEEN ENDORSED OR SUSPENDED: YES / NO
2. IF YES, PLEASE COMMUNICATE DETAILS: _____

Type of vehicles authorised to drive

(E) ACCIDENT (DAMAGE, FIRE, THEFT)

(1) DATE AND TIME

(2) PLACE

(3) Speed of your vehicle at the time of accident:

(4) Give a short description of the accident:

(5) In your opinion, who is responsible for the accident?

(6) Who has admitted the fault: Myself/my driver/TP/Dispute case

Sketch of scene of accident

(F) DAMAGE OF INSURED VEHICLE

(1) Details of damage to your vehicle due to the accident

(2) When and where can the vehicle be inspected

(G) THIRD PARTY VEHICLE OR PROPERTY INVOLVED

(1) OWNER : _____ TEL. NO. _____

(2) ADDRESS : _____

(3) T.P VEHICLE NO. : _____

(4) MAKE AND MODEL : _____

(5) INSURED AT : _____

(6) Give details of damage to T.P Vehicle and/or property directly caused due to the accident

(H) INJURIES

(1) Has the accident caused injury to any person? If so, fill in the following particulars

NAME OF INJURED PERSON	ADDRESS	OCCUPATION	NATURE OF INJURIES	WHETHER BEING CONVEYED IN THE INSURED VEHICLE OR OTHERWISE PLEASE SPECIFY

(2) If any injured person has been removed to a hospital or medically attended, give name and address of the Hospital or Doctor

I) **GENERAL**

(1) If accident was caused by the fault of any Third Party, give name and address of the T.P.

(2) How many persons were in the vehicle at the time of the accident

(3) Give the particulars about the witness to the accident

NAME	ADDRESS	WHETHER BEING CONVEYED IN THE VEHICLE OR NOT

(4) Was the matter reported to the police?
If so, give the name of the Police Station:

(5) Has the Police
(1) Visited the spot of the accident: Yes/No
(2) Taken measurements: Yes/No
(3) Remarks

(6) Give particulars of other Insurance on the vehicle, if any

I, We the abovenamed do hereby, to the best of my/our knowledge and belief, warrant the truth of the above statements in every respect and I/We agree that I/We have made, or in any further declaration the Company requires in respect of the said accident, shall make any false or fraudilent statement or any suppression or concealment the Policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.

Date:_____ Signature:_____