POLICY No	DUE DATE		
	9		
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

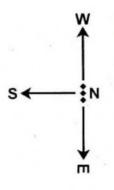
The Company does not admit liability by the issue of this form

Please read this form through before filling in details

INSURED	Occupation			Phone No		
	Make Year and cost Price	Horse Power	Registered Lette		g used?	
		,				
PARTICULARS OF			l l			
VEHICLE CON-	Was a trailer attached			If Motor Cycle		
CERNED IN			the vehicle			
ACCIDENT.		oper or	der and	(1) Was a sidecar attached?(2) Was a pillion Rider carried?		
	Is policy-holder the	owner	of the	If Goods carrying vehicle (1) State nature and approximate	energ amente	
	Was the vehicle being owner's knowledge and	used	with the	weight of load carried?		
DRIVER.	Address of Driver Owner Is Driver Owner Owner Driving Licence No	regular par Relative or later to relative or later to rearring give particul volved in Action and rearring to rear	ars ccident? employment? cohol or drugs ags			
	Date			Pla		
	Estimated Speed of your vehicle Miles per					
	How did you signal your appr	roach?				
	Give full description of accide	ent, Loss os	Break-down:			
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.

PARTICULARS OF DAMAGE TO INSURED VEHICLE	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 Size Type				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	When Purchased?	Approximate Mileage Done When			
(1)	If loss occurred while Vehicle wa	FILLED IN CASE OF THEFT. s standing in street.			
	Was if unattended? If so, how lo	ng?			
. (2)	If car was in garage, was forcible	entry made, If so in what manner?			
(3)	Have the Police been advised ?				
THEFT. (4)	Was any damage inflicted to the	Car?			
(5)	Is paid Driver kept, If so, how lor	ng 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 to of My Loss.	he Policy the amount
Our	
Date	

Insured's Signature