

Claim No. _____

Silver Star Insurance Company Limited

(Incorporated in Pakistan. The Liability of the Members is Limited)

Head Office: Silver Star House, 5-Bank Square, Lahore.

MOTOR VEHICLE CLAIM FORM

The Company does not admit liability by the issue of this form.
In the event of Accident or Damage to your Vehicle it must be
Immediately Reported to the Police.

1. (a) Name and Address of insured.	(a)	Phone No
(b) Policy No.	(b)	
(c) Sum Insured	(c)	
(d) Date of Expiry	(d)	
2. Particulars of Vehicle: (a) Registration No. (b) Make. (c) Model.	(a) (b) (c)	
3. State: (a) date and (b) time at which accident occurred?	(a) (b)	a.m./p.m.
4. Where did the accident occur?		
5. Explain exactly how the accident happened. In addition, please draw a sketch illustrating the accident in the space provided on the reverse side of this form.		
6. Give full particulars of the damage to your vehicle.		
7. State probable cost of repairs.		
8. Where can the vehicle be inspected?		
9. State name and address of your repairer.		
10. For what purpose the vehicle was used at the time of accident?		
11. State width of road where accident occurred or if an intersection, width of both streets.		
12. Was the vehicle on correct side of the road?		
13. At what speed was the vehicle travelling at the time of accident?		
14. Who was driving the vehicle at the time of accident?		
15. State Driver's (a) Age (b) Licence No. (c) Has his licence ever been endorsed? (d) Was he perfectly sober? (e) If insured was not driving does the driver own a Motor Vehicle?	(a) (b) (c) (d) (e)	
16. If driver an employee. State (a) How long has he been in your service. (b) Was he out on your business at the time of accident?	(a) (b)	
17. State name and address of all occupants of your vehicle.		

18. Was the driver or any other occupant of your vehicle injured? If so, give particulars.	
19. State name and address of witness other than the occupants of your own vehicle.	
20. Has the accident been reported to Police? (a) Did a Police Officer take particulars (b) Did he witness the accident? (c) State Police Officer's number (d) Station to which attached.	(a) (b) (c) (d)
21. State who is to be blamed for the accident and why? Give Name(s) address(es) of person(s) responsible for accident.	
22. Is Police action pending against any person as a result of the accident?	
23. If any Third Party has been injured or damage has been caused to the vehicle or other property of any Third Party, please answer the following additional questions:- 1. Name and address of person injured, or owner of other vehicle or property damaged. 2. Nature of personal injury. 3. Nature of damage to other vehicle or property. 4. Make of other vehicle. 5. Registration Number. 6. Name of Owner. 7. Has any claim been made against you, if so for what amount.	(1) (2) (3) (4) (5) (6) (7)

N.B. In no circumstances the payment in respect of the above shall be entertained without the written approval of the Company.

I/We declare the above to be true to the best of my/our knowledge and belief.

Date _____

Signature of Insured _____

SKETCH

Rough sketch, showing scene of accident, position of vehicles, details of measurements taken, skid marks, traffic signs, pedestrian crossing and any other relevant information.