

## Alliance Insurance Company (Pvt) Ltd

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## MOTOR CLAIM FORM PLEASE FURNISH ALL DETAILS USING THIS REPORT

VEHICLE DETAILS Por what purpose was vehicle being used Name of Hire-Purchase Company, if any. Amount Outstanding  DRIVER'S LICENCE Date & Place of issue. Endorsements Yes/No. Endorsements Yes/No. When and why.  DATE TIME AND PLACE OF ACCIDENT Describe weather conditions Description of road and its condition Who authorized use of Motor Vehicle?  DESCRIPTION OF ACCIDENT Speed? If object collided with was moving, what direction was it going? Police station where report was made and IR OR TAB. NO. If matter was not reported to police, please advice reason Number of persons in Insured's motor vehicle  Name Address Age Insured  Name Address Age Insured Where were the injuries  PERSONS If medical attention was rendered, give name of doctor Nurred Where were the injured taken  Name of owner  Name of owner  Name of opportry (if motor vehicle give make & year) PROPERTY OF OTHERS Nature and extent of damage	INSURED:	Name			Address					
Address  Make/Model Year Reg No.  Name of Owner  MOTOR Address  PERAILS  Por what purpose was vehicle being used  Name of Hire-Purchase Company,if any  Amount Outstanding  Driver's fall name. Age/Date of Birth. Driver's licence No.  Endorsements YesNo. When and why.  Date of Accident  Description of road and its condition.  Who authorized use of Motor Vehicle?  DESCRIPTION OF ACCIDENT  DESCRIPTION OF ACCIDENT  If object collided with was moving, what direction was it going?  Police station where report was made and IR OR TAB. NO.  If matter was not reported to police, please advice reason.  Number of persons in Insured's motor vehicle.  Name  Address  Apparent  Age Insured  Age Insured  Name  Address  Nature and extent of injunes  PERSONS  INJURED  Name of owner  Address  And of property (if motor vehicle give make & year)  Nature and extent of damage		Telephone No. Home								
2. SEND CHEQUE VIA MY BROKERS		*SHOULD THE COMPANY BELIABLE TO SETTLE THIS CLAIM PLEASE TICK THE APPLICABLE								
Motor Name of Owner Name of Owner Name of Owner MOTOR Address VEHICLE DETAILS For what purpose was vehicle being used Name of Hire-Purchase Company, if any. Amount Outstanding.  Driver's full name. Age/Date of Birth. Driver's licence No. DRIVER'S LICENCE Date & Place of issue. Endorsements Yes/No. When and why.  Date of Accident Time Time Time Time Time Time Time Time	1. DEPOSIT	. DEPOSIT CHEQUE INTO: BANK								
NAME OF OWNER  MOTOR  Address  VEHICLE  DETAILS  For what purpose was vehicle being used  Name of Hire-Purchase Company, if any	2. SEND CH	IEQUE VIA M	Y BROKERS							
MOTOR VEHICLE DETAILS For what purpose was vehicle being used  Name of Hire-Purchase Company, if any.  DRIVER'S LICENCE  Date & Place of issue.  Endorsements Yes/No.  When and why  DATE TIME AND PLACE OF ACCIDENT  Description of road and its condition  Who authorized use of Motor Vehicle?  Description of road and its condition  Description of road and its condition  Who performs the report was made and IR OR TAB. NO.  If matter was not reported to police, please advice reason Number of persons in Insured's motor vehicle  Name  Apparent Relationship to Occupant of insured's Occupant of other car Pedestrian Insured I			Make/Model Year Reg No.							
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DATE TIME AND PLACE OF ACCIDENT  Description of road and its condition  Who authorized use of Motor Vehicle?  DESCRIPTION OF ACCIDENT  Description where report was made and IR OR TAB. NO.  If matter was not reported to police, please advice reason Number of persons in Insured's motor vehicle.  Name  Address  Apparent Age  Indicate by X if injured was: Nature and extent of injuries  PERSONS INJURED  Nature and extent of injuries  PERSONS INJURED  Date of Accident Place of accident. Place of accident. Place of accident. Time  Time  Time  Date of Accident Place of accident. Time  Time Time			Name of Hire-Purchase Company, if any							
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PLACE OF ACCIDENT  Description of road and its condition  Who authorized use of Motor Vehicle?  DESCRIPTION OF ACCIDENT  Speed?										
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Speed?			Who authorized use of Motor Vehicle?							
Speed?	DESCRIPTION OF ACCIDENT		Why?							
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Number of persons in Insured's motor vehicle    Name			Police station where report was made and IR OR TAB. NO							
Name Address Apparent Age Relationship to Insured was:  Name Address Apparent Age Relationship to Insured Scar Occupant of other car Car Pedestrian  Nature and extent of injuries  PERSONS If medical attention was rendered, give name of doctor INJURED Where were the injured taken  Name of owner Address  DAMAGE TO PROPERTY OF OTHERS  Nature and extent of damage			If matter was not reported to police, please advice reason							
Name Address Apparent Age Insured Car Occupant of insured's Car Pedestrian  Nature and extent of injuries  PERSONS If medical attention was rendered, give name of doctor Where were the injured taken  Name of owner Address  Name of owner Address  Kind of property (if motor vehicle give make & year)  PROPERTY OF OTHERS  Nature and extent of damage			Number of persons in Insu	ıred's motor v	ehicle					
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PERSONS INJURED  If medical attention was rendered, give name of doctor  Where were the injured taken  Name of owner  Name of owner  Address  DAMAGE TO PROPERTY OF OTHERS  Nature and extent of damage										
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Name of owner	DEDCONG									
Name of owner	INJURED									
DAMAGE TO Kind of property (if motor vehicle give make & year)  PROPERTY OF OTHERS Nature and extent of damage										
PROPERTY OF OTHERS  Nature and extent of damage	DAMACETO									
	PROPERTY OF									
			Estimated cost of repair Has claim been made?							

	Is claimant insured?						
	Name of Insurance Company						
	IT IS IMPORTANT TO COMPLETE	E BOTH SIDES OF THIS REPORT FORM					
NAMES AND ADDRESSES OF WITNESSES	Whenever possible please obtain names and addresses of witnesses, bystanders or persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons involved.  NAMES  ADDRESSES						
(IMPORTANT)	NAMES						
		<u></u>					
DAMAGE TO MOTOR VEHICLE OF INSURED	Parts damaged and extent						
of histrad	Repairs should only commence with the Company's consent.						
	Name of party who caused damage						
	Is he insured?						
	Where may automobile be seen						
	Driver's Statement:						
DRIVER'S ACCOUNT OF							
ACCIDENT OR LOSS							
	Date	Signature of Driver					
DIAGRAM OF ACCIDENT							
	GIVE STREET NAMES, DIRECTI	ION AND LOCATION OF OBJECTS CONCERNED					
herein, is true and correconnection with the a	e hereby declare and warrant that all t ct and that I/We have not withheld fr accident or loss. I/We further acknowle d accordingly declare that by signing bel	the information, including any document(s) that I/We have provided from the Company any information within my/our knowledge is edge that the information I/We have provided herein will induce the blow, I/We warrant that the information I/We have provided herein, in					
Date	Name of Insured	Signature of Insured					