



দেশ জেনারেল ইন্স্যুরেন্স কোম্পানী লিমিটেড
Desh General Insurance Company Limited

Head Office : Jiban Bima Bhaban Level # 5 10 Dilkusha C/A Dhaka-1000

MOTOR CLAIM FORM

Claim No.

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

"Please do not give any Third Party any information or Particulars which you are not required by law to give and in no case admit your fault or make any payment or offer of payment without the written authority of the Company".

Answer All questions and FULLY. It will avoid unnecessary correspondence and consequent delay in the settlement of Claim.

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1. Name of Insured (in full)
 2. Address
 3. Occupation

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4. The Insured Vehicle POLICY NO.
 - (a) Make (b) Horse Power (c) Registration No.
 - (d) Price Paid by the Insured (e) Year of manufacture
 - (f) Sum Insured
 - (g) Purpose for which it was being used at the time of accident
 - (h) Was it in proper order and condition at the time?
 - (i) Was it being used with your knowledge and consent?
 - (j) If the claim is in respect of a Motor Cycle state whether a Pillion passenger was being carried at the time of accident
 - (k) If the claim is in respect of a Lorry : state whether a trailer was attached

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5. The Person driving at the time of accident.
 - (a) Full Name of the person
 - (b) His address
 - (c) His age (d) Is he your permanent paid driver?
 - (e) Date and nuber of Licence (f) Was it in force at the time of accident?
 - (g) Has it ever been endorsed or suspended. If so, give full details with dates
 - (h) Is he entitled to Indemnity under any other Company's Policy
 - (i) Was he sober?
 - (j) Expiry date of driving licence

6. The Accident (Damage, Fire, Theft)

(a) Date of Occurrence (b) Time

(c) Place (Street or Road and Town)

(d) Were you in the vehicle? (e) If not, when was it reported to you

(f) On what side of the street or Road was your vehicle and how far from the kerb?

(g) What was the width of the street or Road?

(h) At what speed was the Vehicle being driven before the accident?

(i) And at what speed was it being driven at the time ?

(j) Give full details of the nature and cause of the
Accident
Theft
Fire

(k) If possible draw a sketch of the Scene of accident

7. The Damage.

(a) Give in detail the extent of all damage to the insured vehicle directly due to the accident

(b) Estimated cost of repairs Tk.

(c) Where can be vehicle be inspected?

(d) Have you given instructions for repairs to be carried out? If so, to whom (Name & Address)

(e) Have you instructed them to send an estimate to the Company immediately?

N.B. - If possible an estimate of repairs should be attached to this form and in any event it must be sent to the Company without undue delay. The fact that estimate is for Tk. 300.00 or below does not exempt the Insured from the obligation to forward an estimate forthwith.

8. The Result

(a) Has the accident caused any injury to any Person or persons?

If so, give the following particulars :

Name	Address	Occupation	Nature of injuries	Whether being conveyed in the vehicle or not

(b) If any injured person has been removed to any Hospital or medically attended give name-address of the Hospital or Doctor

(c) Did the accident cause damage to property or live stock? If so, give name and address of the owner stating nature and extent of damage

9. General

(a) Has any claim been made upon you by any Third Party? If so, give details and attach the Intimation

(b) If accident was caused by the fault of any Third party, give name and address of such person / s _____

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

(d) Give the following particulars about all witnesses to the accident :

NAME	ADDRESS	Whether being conveyed in the vehicle or not

(e) Was the matter reported to the Police? If so, give name of the Police Station _____

(f) What action, If any, has been or is being taken by the Police or any other authority _____

(g) 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 foregoing statements in every respect and I/We agree that if I/We have made, or in any further declaration the Company require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment the Policy shall be void and all rights to recover thereunder in respect of past or future accident shall be forfeited.

Date _____ 200

Witness _____

Signature _____