

Sagarmatha Insurance Co. Ltd.

“SURAKSHAN” Bhawan, Naxal ,Kathmandu, Nepal.

Tel: 977-1-4412367 Fax No.:977-1-4412378

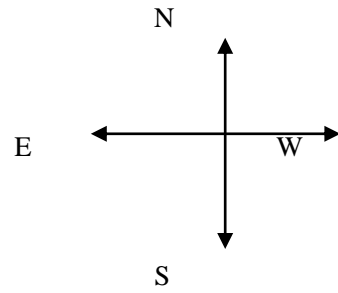
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MOTOR INSURANCE CLAIM FORM

INSURED	Name: Address: Policy No. Phone No.			
PARTICULARS OF VEHICLE CONCERNED IN ACCIDENT	Make and Year	C. C. & Horse Power	Registered Letters and Number	Purpose of Vehicle being used?
	Was the Vehicle in a safe and roadworthy condition? If a Motor Cycle: Was a trailer attached? (1) Was a sidecar attached (2) Was a Pillion Rider carried			
IF A COMMERCIAL VEHICLE	State nature of goods carried Was the Vehicle loaded to capacity? What was the weight of goods carried? Was the Vehicle playing for hire?			
DRIVER	Name of driver Age Address: Is Driver (a) Owner (b) Owner's Paid Drive or (c) Owner's Relative or Friend Was he to your knowledge sober and fully competent to drive? No of driving license and date of expiry Has it been endorsed? If so, give particulars Has driver previously been involved in an Accident? If paid Driver, how long has he been in your employment? Have the police charged the Driver and if so, why?			
OTHER INSURANCE	Is there any other Policy indemnifying you or the Driver in respect of this accident			

<p>WITNESSES</p> <p>It is most important that Name and Addresses of all Independent Witnesses of an Accident Should be obtained whether the Driver considers himself to blame or not</p>	<p>Give names and addresses of all witnesses of accident:</p> <p>Passengers</p> <p>in Car</p> <p>Independent</p> <p>Witness</p> <p>If witness's names not taken, give reason</p> <p>Did a Police Constable witness Accident or take particulars?</p> <p>Constable's No.</p> <p>Was Accident reported to police, if so, state name of Police Station</p> <p>Did witnesses or Drivers make any statement, as to fault, at time?</p>
<p>PARTICULARS OF DAMAGE OF INJURY TO THIRD PARTY (PROPERTY OR PERSONS)</p>	<p>Name:</p> <p>Address:</p> <p>Full extent of Personal Injuries or Damage to Property</p> <p>.....</p> <p>Has Notice of any claim been given to you ?</p> <p>.....</p> <p>Please dispatch to the Company forthwith and unanswered any written communication, which have been received.</p>
<p>PARTICULARS OF INJURY TO DRIVER OR OCCUPANTS OF INSURED VEHICLE OR ANY THIRD PARTY</p>	<p>Was any injury sustained by your Driver of Occupants at your Motor vehicle or by any Third Party ? If so state fully extent thereof</p> <p>.....</p> <p>.....</p> <p>If any injured person has been remove to a Hospital or Medically attended give name and address of the Hospital or Doctor</p> <p>.....</p> <p>.....</p>
<p>PARTICULARS OF DAMAGE TO INSURED VEHICLE</p>	<p>Full particulars of Damage</p> <p>Estimated cost of Repairs Address where damaged Vehicle may be</p> <p>.....</p> <p>Inspected.....</p> <p>Repairers should be requested to forward Estimates to the Company immediately for verification.</p> <p>Have you given any instruction as to repairs being started?</p> <p>In the event of Damage to Tyres as a result of the Accident state:-</p> <p>MakeSizeType</p> <p>When purchased Approximate Mileage done</p> <p>Has it been Retreated When</p>

Please make a rough plan of the road showing position of Vehicles and persons concerned at the time of Accident. An arrow should indicate the directions in which they were moving.



I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect and I/We agree that if I/We have made or in any further declaration the company may 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 accidents shall be forfeited.

Date

Insured's Signature