

4. Driver at the time of Accident

Name

Address

City Pin Code State

Age	Driving Licence No.	Date of Issue	Expiry Date	Issuing Authority
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of vehicles authorised to drive MOTOR CYCLE LMV (NT) LMV (TV) HTV 3W(TV)

Whether the driver is Owner Paid driver Relative Friend

5. Damage to Insured Vehicle

Please do not dismantle the vehicle until it has been surveyed

Brief description of damages and estimated cost of repairs _____

Where can the damaged vehicle be surveyed? _____

6. Injury to Third Party / Occupant / Driver

Name and Address	Nature of Injury	Whether Third Party / Occupant / Driver
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Details of Third Party property damage**8. Other Insurance Details**

Is there any other insurance policy indemnifying you in respect of this Accident / Theft Yes No

If yes, Policy No. _____

Name of Company / Office : _____

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 if 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.

Place : _____

Date : 2 0 0

Signature of the Insured _____