

MOTOR INTIMATION

Claim No. : _____ Date of Accident : _____

Vehicle No : _____ Time : _____ A.M / P.M, Place of Accident : _____

Policy No : _____ From : _____ To : _____

[01] Name of Insured : _____

[02] Address : _____

Mobile No : _____ Email ID : _____

[03] Short Description of Loss / Accident : _____

[04] Estimate Amount of Loss in Rs. : _____

[05] Spot Surveyor's Name & Mobile No. : _____

[06] Driver's Name at the time of Accident : _____

[07] Witness if any : _____

[08] Garage Name & Mobile No. : _____

[09] Whether Accident Reported to Police Authority if YES Name of Police Station & Address : _____

[10] Vehicle was Loaded or Empty : _____

[11] Nature of Goods carried & approximate weight of goods & L. R. Details : _____

[12] Any injury to Driver / Occupant / T. P. / T. P. P. D. : _____

[13] Whether the Vehicle came to the Garage under its own power OR Towed or Lifted through Crane : _____

Date of Intimation : _____

Place : _____

Signature of Insured