



**HEAD OFFICE**  
HR Bhaban  
(6th & 9th Flr)  
26/1, Kakrail  
Dhaka-1000  
Bangladesh

**Republic Insurance Company Limited**  
**রিপাবলিক ইনস্যুরেন্স কোম্পানী লিমিটেড**

**MOTOR CLAIM FORM**

Claim No. : .....

**THE 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 time of accident: \_\_\_\_\_
    - (h) Was it in proper order and condition at the time? \_\_\_\_\_
    - (i) Was it in 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 number 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 dated : \_\_\_\_\_
  - (h) Is he entitled indemnity under any Company's Policy? \_\_\_\_\_
  - (i) Was he sober? \_\_\_\_\_



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7. The Damage :

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

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(b) Estimated cost of repairs Tk. : \_\_\_\_\_

(c) Where can the vehicle be inspected? \_\_\_\_\_

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

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

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

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8. The Result.

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

If so, give the following particulars:-

| Name | Address | Occupation | Name of Injuries | Whether being conveyed in the vehicle or not |
|------|---------|------------|------------------|--|
|      |         |            |                  |  |
|      |         |            |                  |  |
|      |         |            |                  |  |
|      |         |            |                  |  |
|      |         |            |                  |  |
|      |         |            |                  |  |

(b) If any injured person has been removed to any Hospital of medically give name and address of the Hospital of Doctor \_\_\_\_\_

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

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9. General :

(a) Has any claim been made upon you by 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 witness to the accident

| Name | Address | Without being conveyed in the vehicle or not |
|------|---------|--|
|      |         |  |
|      |         |  |
|      |         |  |
|      |         |  |
|      |         |  |
|      |         |  |
|      |         |  |

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

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(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 above named do hereby to best of my/our knowledge and belief warrant the truth of the foregoing statements in the 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 or any suspension or concealment the policy shall be void and all right to recover there under in respect of past or future accident shall be forfeited.

Date .....20

Witness .....

Signature .....