



UNITED INDIA INSURANCE CO. LTD.

MOT - 14

MOTOR CLAIM FORM

Divisional Office (Address)

Certificate / Policy No. _____
 Period of Insurance _____
 Date of Accident _____
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 PLEASE ANSWER ALL QUESTIONS FULLY

1. INSURED	(a) Name _____				
	(b) Address for correspondence _____ _____				
	(c) Telephone (O) _____ (R) _____ (Cell No.) _____				
2. THE INSURED VEHICLE	Registration No.	Make and Year	Engine No. & Chassis No.	Type of Body	Sum Insured Rs
		Date of Regn.			
	A. (a) Was the Vehicle in proper working condition? _____				
	(b) For what purpose was the vehicle:				
	1. being used at the time of accident _____				
	2. Permitted to be used _____				
	(c) Was a trailer attached? _____				
	(d) If a motor cycle / scooter				
	1. Was a side-car attached? _____				
	2. Was Pillion Rider carried? _____				
(e) Number of passengers carried _____					
B. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)					
The following questions need be answered in case of Commercial Vehicle only.					
(a) Registered laden weight _____					
(b) Unladen weight _____					
(c) Weight of goods carried _____					
(d) Nature of permit _____					
(e) Nature of goods carried _____					
(f) Was the vehicle plying for hire? _____					
(g) If lorry / jeep / tractor, was trailer attached? _____					
(h) Number of passengers carried _____					
(i) Number of Passengers Permitted _____					
3. DRIVER AT THE TIME OF ACCIDENT	a) Name _____				
	(b) Age _____				
	(c) Address _____				
	(d) Is the driver Owner/Paid Driver/Owner's relative or friends? _____				
	(e) If paid driver, how long has he been in your employment? _____				
	(f) Was he/she under the influence of intoxicating liquor or drugs? _____				
	(g) Driving licence Number & Date _____				
	(h) issuing authority _____				
	(i) Date of expiry _____				
	(j) Was the licence temporary / permanent? _____				
	(k) Details of endorsements, suspension if any _____				
	(l) Has he/she been involved in any accident before _____				
	(m) Has he been charged by the Police? Is So, Why? _____				
	(n) Is he/she entitled to drive the particular type of vehicle _____				

(Registered Office : 24, Whites Road, Chennai - 600 014)

4. OTHER INSURANCE	Details of other insurance policy / ies if any indemnifying you in respect of this accident _____
5. DETAILS OF ACCIDENT	(a) Date & Time _____ (b) Place _____ (c) Speed of your vehicle at the time of accident _____ (d) Give short description of the accident _____ _____ _____ _____ (e) If any third party was responsible for the accident give name and address _____
6. DAMAGE TO INSURED VEHICLE	(a) Full details of damage _____ (b) Estimated cost of repairs _____ (c) When and where can the damaged vehicle be inspected _____
7. THIRD PARTY INJURY / PROPERTY DAMAGE	(a) Name _____ (b) Address _____ (c) Full details of personal injury sustained _____ (d) Name and address of any person / hospital' giving medical attention to injured person _____ (e) Full details of property damaged _____ (f) Has notice of the claim been given to you? _____ (Please furnish details in respect of each person in separate sheet)
8. INJURY TO DRIVER OCCUPANT	(a) Was Driver / any occupants injured? _____ (b) If yes give full details _____ (c) In what capacity the occupants were travelling _____
9. WITNESSES	(a) Give name and address of passengers / other witnesses if any _____ (b) Did a police Official take particulars of the accident _____ (c) Was accident reported to Police? If not why? _____ (d) If yes to which police Station _____ (e) CR Diary Number _____
10. THEFT	(a) Date and Time _____ (b) Place _____ (c) What was stolen? _____ (d) Estimated cost of replacement _____ (e) By whom discovered and reported? _____ (f) Has theft been reported to Police? _____ (g) When? _____ (h) which Police Station? _____ (i) CR Diary Number _____

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:

Signature of the Insured

INSTRUCTIONS

We request you to kindly comply with the following requirements.

1. IF YOUR CLAIM IS FOR DAMAGE TO THE VEHICLE, THEN -

- (a) Complete the "Claim Form" correctly and completely.
- (b) Submit the 'Estimate of Repairs' to us as soon as possible.
- (c) Do not allow the Repairer to undertake the repairs until we approve the 'Estimate' of the cost of repairs including replacement of parts.
- (d) Give all specific informations called for by us to enable us to settle your claim faster.
- (e) Please present the following records / documents in originals to us for Verification.

CLASS OF VEHICLE	NAME OF RECORD DOCUMENT ALL ORIGINALS
PRIVATE CAR & MOTOR CYCLE / SCOOTER POLICIES	<ul style="list-style-type: none"> 1. RC Book (including taxation book) 2. Driving Licence of the driver who drove the vehicle at the material time of accident.
COMMERCIAL VEHICLE POLICIES	<ul style="list-style-type: none"> 1. RC Book (including taxation book and fitness certificate) 2. Driving Licence of the driver who drove the vehicle at the material time of accident. 3. Trip Sheet / GVR or load challan depending upon the case may be 4. Permit particulars. 5. Certificate of Licence from the Directorate of explosives if the vehicle is allowed to carry explosive substances.

- (f) After necessary repairs are completed, please sign a 'Satisfaction - Certificate' and submit the same to the repairers. If you have already paid to the garage, produce the receipted bill to us for reimbursement.
 - (g) Please produce FIR / Police report, Fire brigade report and Motor Vehicle Inspector's Report if any applicable.
- 2. WHEN A CLAIM BY THIRD PARTY FOR DEATH / PERSONAL INJURY / PROPERTY DAMAGE IS LIKELY TO BE MADE AGAINST YOU, THEN:**
- (a) Whenever Third Party is injured in the accident remove him/her to the hospital for treatment and inform the police immediately.
 - (b) If any damage is caused to the property of any Third Party due to the accident inform the police immediately.
 - (c) Do not accept responsibility for accident nor promise any compensation to any Third Party involved in the accident.
 - (d) If you receive any Notice of Claim from the Third Party. Motor Accidents Claims Tribunal or any court of law, send the same to us forthwith unanswered. We will attend to all of them on your behalf.
 - (e) Please also obtain and preserve written statements from the Driver / Cleaner about details of the accident duly witnessed.
 - (f) Please present the records / documents to us for verification as per 1(e) above.
- 3. WHEN THE VEHICLE IS STOLEN, THEN:**
- (a) Inform the Police at once giving your Name, Address, Policy No. Engine No. Chassis No. and Registration No. of the vehicle.
 - (b) If Registration Certificate Book is also lost along with the vehicle obtain a duplicate from the Transport Authorities.
 - (c) Keep regular liaison with the Police in regard to progress of investigation.
 - (d) If the vehicle is not traced after a reasonable period, obtain a report for the Police to the effect that the vehicle is undetectable and CJM (Court of Judicial Magistrate) report and forward the same to us.

SUPPLEMENT TO MOTOR CLAIM FORM
(For Office Use Only)

I. Particulars of Registration Certificate		
Regn. No.	Engine No.	Chassis No.
(a) Name & Address of registered Owner		
(b) Year of make & date of Regn.		
(c) Class of vehicle		
(d) Type of Body		
(e) Whether the tax has been paid and amount of tax		
(f) Details of Hire Purchase endorsement, if any		
(g) Date of Expiry of fitness Certificate		
(h) Registered laden weight & Unladen weight		
(i) Registered Number of seats (Bus)		
(j) Date of transfer to the present owner		
(k) (i) Insc Certificate No.		
(ii) Issued by		
(iii) Period of cover		
(iv) Policy No.		
(v) Nature of cover		
(vi) date of accident		
II. Particulars of Driver's Licence		
(a) Name	S/o	Address
(b) Number and Expiry date and also the name of issuing Authority		
(c) Eligibility to drive (state type of vehicle)		
(d) badge Number, if any		
(e) Was D.L. Valid on that date of Accident with Authorisation to drive the type of vehicle driven		
III. Trip Sheet (applicable to Lorries and Taxis)		
(a) No.....	Date	
(b) Name of Driver		
(c) Total weight of goods carried in the vehicle		
(d) I. Details of Load (Goods) carried		
II. From	To	
IV. Particulars Permit:		
(a) Name and Address of Permit Holder		
(b) Number and Name of issuing authority		
(c) Area of Operation permitted		
(d) Nature of goods permitted		
(e) Validity period	From	
(f) Permitted laden weight or Number of seats or capacity of oil tanker		
(g) Was the permit valid at the place of Accident		
V. Police Report:		
(a) Name of Police Station		
(b) Whether an application has been made to the police investigation report and if so, the action taken by police authorities		
VI. Other Remarks :		
The Details / Particulars furnished above, have been verified with original documents only		
Note - Please state here as to where the vehicle could be inspected and whether the insured will be forwarding an Estimate (Delete item not applicable)		

MOT 14/14A SPP 20,000 Nos 11-2007

Name of the Officer, Designation and Seal