CENTURY INSURANCE COMPANY LIMITED

INCORPORATED IN PAKISTAN WITH LIMITED LIABILITY OF THE MEMBERS)

MOTOR CLAIM FORM

Please Answer Questions Fully **Claim No.**

Insured:	Name ..... Policy No ..... Address .... Expiry Date .....
Particulars of Insured vehicle	Make ..... Horse Power ..... Date of Make ..... Type of Body ..... Registeration No. ..... Chassis No ..... Colour ..... (Pl. attach a photocopy of Registration) Eng. No ..... For what purpose was vehicle being used at time of accident? ..... How many passengers were being conveyed? ..... If goods were carried state nature and weight? .....
Particulars of Person driving	Name ..... Age ..... Address ..... License No ..... Place of Issue ..... Date of Issue ..... (Please attach a photocopy of Driving Licence) ..... Date of last renewal ..... Is he your permanent Paid Driver? ..... How long has he been your employ? .....
Particulars of Accident.	Date and time of Accident ..... Date when reported to you ..... Where did accident occur? ..... What was the with of road at the spot? ..... Was your vehicle' on its correct side? ..... If so, how far from kerb or edge of road? ..... If your vehicle was not an coorect side, state its exact position? ..... At what speed was your motor vehicle travelling immediately prior to Accident? ..... Please explain exactly how Accident happen .... Do you consider the person driving your vehicle to blame? ..... Was your vehicle being used in accordance with your instructions? ..... {Name and address of owner of vehicle causing damage to your vehicle and his Insurance} .... if your motor vehicle has been damaged, please give full particulars of damage I space provided upon back off the form.
Claim and (if any) any Communication-you may have received should accompany this form	Name ..... Occupation ..... Address ..... If any claim has been made up on you, please state for what amount ..... Please give full details of personal injuries and/or damage to property caused by the accident ....
Police Evidence	Did policeman witness Accident? If so give his No ..... Did policeman take any particulars? If so give his No .....
Witnesses of Accident	How many person were actually in your vehicle at time of Accident? ..... Please state their full names and Address ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 .....
→ (It is off the utmost importance always to obtain the Names and Address of witnesses	Names and Addresses of independent witnesses: ..... 1 ..... 2 ..... 3 ..... 4 .....

I/We hereby declare the foregoing particulars to be true in every respect

Insured's's signature .....

Date .....

NB=THIS FORM IS ISSUED AND COMPLETED SUBJECT AND WITHOUT PREJUDICE TO THE TERMS AND CONDITIONS OF THE POLICY

CENTURY INSURANCE COMPANY LIMITED

Lakson Square Building No. 3, 11th Floor,
Sarwar Shaheed Road,
Karachi-74200.

SATISFACTION NOTE

Claim No. .....

Name of Insured .....

Address .....

.....

I/We hereby certify that the repairs to my/our ..... Car Reg. No. .....
necessitated by an accident which occurred on or about the ..... day of .....
have been completed by ..... of .....
To my/our entire satisfaction and I/we agree that the payment of his/their amount for such repairs shall be in full satisfaction and discharge of all claims upon: CENTURY INSURANCE COMPANY LIMITED which I/we have in respect of damage to my/our car arising from such accident under

Policy No. .....

Date .....

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Signature of Insured