



EAST WEST INSURANCE CO., LTD.

Window Takaful Operations (WTO)

HEAD OFFICE:
B-401-404, 4th FLOOR
LACKSON SQUARE BUILDING
#3, SERWER SHAHEED ROAD
KARACHI
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REGISTERED OFFICE:
27,28 Regal Plaza,
Jinnah Road, Orwella
Tel: 822913, 821397
Fax: (031) 821460

MOTOR CLAIM FORM

The participant is requested to furnish as fully accurately as possible the information asked for herein.

Great care should be taken in completing the form and the information given should be strictly accurate, irrespective of whether it is in the Participant's favour or otherwise.

The Participant should not make any payment after or promise of any payment or admit liability in any way as by so doing he may prejudice the position both of himself and the Company.

Participant	Name
	Address
	Occupation..... Telephone No..... Policy No

Particulars of vehicle	Make..... Cubic Capacity..... Registration No.
	State Nature of licence under which vehicle is operate
	For what purpose was vehicle being used at the time of the accident?
	Was it being used on the PMD holders order or with his permission?
	In case of motorcycle— Was sidecar attached?
	Was any pillion passenger being carried?

Driver of vehicle	Name..... Occupation
	Address..... Age
	Licence No..... Expiry Date..... Date of first licence
	Please state the Classification of the Driving Licence - Permanent or Learner.
	State whether: i) Owner of vehicle.....
	ii) Owner's paid driver..... Length of Service
	iii) Person driving on Insured's order or with his permission
	iv) Such person owns a car

If so, give name of his Insurance Company

Has notice of this accident been given to that Company

Has the driver ever been prosecuted for any offence in connection with any other suspension of licence

Has the driver previously been involved in any accident

If so, give particulars

Is it considered that the driver was to blame?

If your paid driver was Participant, please give the name of Company, if any, with whom your liability under the Workmen's Compensation Act is covered

Detail's Accident	Date..... Time..... Place
	Estimated speed of Participant vehicle K.M. per hour.
	How did the accident occur? (Detailed information to be given)

Witnesses	Was the Police Constable a Witness of the accident?
	Were particulars of the accident taken by a Police Constable?
	If so, state Police Constable's Number
	When and where reported to the Police
	Give names and addresses of all witnesses of the accident.
It is most important that Name and Addresses of all independent witnesses should be obtained whether the driver considers himself to blame or not	Passenger
	in
	Vehicle
	Independent Witnesses
	if witnesses's name not taken please give reason.

Third Parties

Names and addresses of Owner(s) and Driver(s) of colliding vehicle(s). If any.

(1) Owner Driver

.....

(2) Owner Driver

.....

Persons injured (if passengers, state which vehicle) Names and addresses Extent of injuries

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.....

Property damaged: Name and addresses of Owners: Description of property and extent of damage:

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.....

State what claims (if any) have been received?.....

N.B. — Any communication received regarding the accident should be sent to the Company Immediately, unanswered.

Particulars of damage to Participant, Vehicle

What is the extent of damage?

.....

Where can the vehicle be inspected?

Have any Instructions been given with regard to repairs?

Name and address of Repairers

Was the car driver or towed from the scene of the accident

I / We hereby declare that the above statements are true to the best of my / our knowledge and belief and I / We claim in respect thereof the protection of my / our Policy.

Date.....

Signature

SKETCH

The Participant is particularly requested to complete this column to the best of his ability.

Damage to the Insured's Car

Body Work:-

Chassis:-

Accessories, lamps, etc:-

Tyres:-

Estimated cost of repairs and/or Replacements
Rs.

N.B. — This form should be completed in all respect and sent to the Insurance Company alongwith two different estimate of repairs at the earliest.