



Your Trusted Risk Manager

সেনা কল্যাণ ইন্স্যুরেন্স কোম্পানী লি:
Sena Kalyan Insurance Company Ltd.
(A Concern of Sena Kalyan Sangstha)

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Claim No. -----

MOTOR CLAIM FORM

THIS ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

“Please do not give 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 the questions FULLY. It will avoid unnecessary correspondence and consequent delay in the settlement of claim.

1. **Name of Insured (In full)**-----
2. **Address**-----
3. **Occupation**-----

4. The Insured Vehicle CERTIFICATE/POLICY NO.

- (a) Registration No. ----- (b) Make----- (c) Model-----
- (d) Horse Power----- (e) Year of manufacture----- (f) Eng. No.-----
- (g) Chassis No.----- (h) Fitness up to----- (i) Tax paid up to-----
- (j) Price paid by the insured----- (k) Sum Insured (FIV)-----
- (l) Purpose for which it was being used at the time of accident-----
- (m) Was it in proper order and condition at that time?-----
- (n) Was it being used with your knowledge and consent?-----
- (o) If the claim is in respect of a Motor Cycle state whether a pillion passenger was being carried at the time of accident, if yes please state the name-----
- (p) If the claim is in respect of a lorry : State whether a trailer was attached-----

5. The person driver 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) Number, date and place of issue of License-----
- (f) Was it in force at the time of accident?-----
- (g) Was he sober?-----
- (h) Is he entitled to indemnity under any other Company's policy?-----
- (i) Has it ever been enclosed or suspended, if so, give full details with date-----
- (j) Expiry date of driving license -----

Contd. On...P/2

7. The Damage

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

(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)-----

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

N.B. If possible an estimate of repairs should be attached to this form and in any event it must be send to the Company without undue delay. The fact that estimate is for Tk. 300.00 or below does not exempt the insured from the obligation to forward an estimate forthwith.

8. The Result

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

If so, give the following particulars:

Name	Address	Occupation	Nature of injuries	Whether being conveyed in the vehicle or not

(b) If any injured person has been removed to any hospital or medically attended give name-address of the hospital or doctor-----

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

9. General

- (a) Has any claim been made upon you by any 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 witnesses to the accident:

Name	Address	Whether being conveyed in the vehicle or not

- (e) Was the matter reported to the police? If so, give name of the police station -----

- (f) What action, if any, has been or is being taken by the police of any other authority -----

- (g) Give particulars of other insurance on the vehicle, if any -----

I/We the above named, do hereby, to the best of my/our knowledge and behalf, warrant the truth of the foregoing statements in 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 shell make any false or fraud lent statement or any suppression or concealment the Policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.

Date-----

Witness Signature-----

Name:

Address:

Signature-----

Name:

Address: