



PICIC
INSURANCE

PICIC Insurance Limited
HEAD OFFICE

1204, 12th Floor, Emerald Tower,
Clifton, Block-5, Karachi - 75600, Pakistan.

Tel | 021-35147651-5

Fax | 021-35147656

UAN | 11 12 PICIC

www.picicinsurance.com

MOTOR VEHICLE CLAIM FORM

The Company does not admit liability by the issue of this form.

In the event of accident or damage to your Vehicle it must immediately be reported to the Police.

Policy No. _____

Claim No. _____

1. Name of Insured _____
2. Address _____ Telephone No. _____
3. Make of Vehicle _____ Model _____ Registration No. _____
4. State date and time at which accident occurred _____
5. Please explain how the accident / theft / snatching took place and for what purpose was the vehicle being driven

6. At what speed was the Vehicle being driven _____
7. Please state Driver's Name _____ Licence No. _____ Expire Date _____
8. State names and addresses of all occupants of your vehicle _____

9. Was the driver or any other occupant of your Vehicle injured? If so give particulars _____

10. Has the accident been reported to Police? Did a Police officer take particulars? _____
Did he witness the accident _____ State Police Officer's name _____
Station to which attached _____
11. State who in your opinion was to blame for accident and why _____

12. Name, address and occupation of such person responsible for accident _____

13. Is Police action pending against any person as a result of the accident? _____
If so against whom, and what is the charge? _____

14. State probable cost of repairs in your opinion _____
15. Where can the Vehicle be inspected and state your repairer _____

IF THIRD PARTY HAS BEEN INJURED OR DAMAGE HAS BEEN CAUSED TO THE VEHICLE OR OTHER PROPERTY OF THIRD PARTY, PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTIONS:

1. Name and Address of person injured or owner of other Vehicle or property damaged _____

2. Nature of bodily injury _____
3. Nature of damage other Vehicle or property _____
4. Make of other Vehicle _____ Registration No. _____
5. Has any claim been made against you ? _____

N.B. In no circumstances will payments in respect of the above be entertained without the written approval of the company.

PLAN
(Please draw a diagram of the accident scene).



I solemnly declare that to the best of my knowledge and belief the foregoing particulars are true and correct in every respect, and authorise you to lodge a claim on my behalf against the third party (if any).

Date _____ 20

Witness _____

N.B. All questions must be answered

Insured's Signature