

PREMIER INSURANCE LIMITED

“WINDOW TAKAFUL OPERATIONS”

5th Floor, State Life Building No. 2A, Wallace Road, P.O. Box No. 4140, Karachi-74000, Pakistan.
Phone: (92-21) 3241 6331-4 Fax: (92-21) 3241 6572 Email: info@pil.com.pk Web: www.pil.com.pk

MOTOR VEHICLE ACCIDENT REPORT FORM

THIS FORM SHOULD BE RETURNED DULY FILLED TO COMPANY IMMEDIATELY AFTER AN ACCIDENT

This Form is issued without Prejudice to any of the Stipulations or Conditions of the Company's Policy, and is not to be taken as an admission of liability on the part of the Company.

PMD No.	LOSS No.
PARTICIPANT	Name _____
	Private Address _____ Tel. No. _____
	Business Address _____ Tel. No. _____
PARTICULARS OF PARTICIPANT VEHICLE	Make _____ HP / C.C. _____ Year of Make _____
	Type of Body _____ Regn. No. _____ Colour _____
	Chassis No. _____ Engine No. _____
	For what purpose was the vehicle being used at time of Accident ? _____
	How many Passengers were being conveyed? _____
	Was a trailer attached ? _____
If goods were carried, state nature and weight _____	
PARTICULARS OF PERSONS DRIVING	Name _____ Age _____
	Address _____
	Licence No. _____ Date of issue _____
	Valid upto _____
	Is he your permanent Paid Driver _____ How long has he been in your employment? _____
PARTICULAR OF ACCIDENT	Date and time of Accident _____
	Date when reported to us _____
	Where did the Accident Occur ? _____
	Was your Vehicle on its correct side ? _____
	If your Vehicle was not on correct side, state its exact position _____
	At what speed was your Motor Vehicle traveling immediately prior to the Accident ? _____
	Please explain exactly how Accident happened _____

	<p>Do you consider the person driving your Vehicle to be at fault? _____</p> <p>Was your Vehicle being used in accordance with your instructions ? _____</p> <p>Has the accident being reported to the Police? If so, give name and address of Police Station and state what action, if any, has been or is being taken _____</p> <p>Names and addresses of all witnesses to the accident other than the occupants of your own Vehicle _____</p> <p>If witnesses' names not taken, give reason _____</p> <p>Was the driver or any other occupant of your Vehicle injured ? Give particulars _____</p>
PLAN	<p>Please make a rough sketch of the road in the space below illustrating the position of Vehicles and persons involved at the time of accident. An arrow should indicate the direction in which they were moving.</p> <div style="text-align: center;"> </div>
DAMAGE TO PARTICIPANT VEHICLE	<p>What damage was caused to the participant Vehicle _____</p> <p>Repairer's name, address and telephone No. _____</p> <p>Is the Vehicle at the repairer's premises? _____</p> <p>If not where is it and when will it be taken there? _____</p> <p>(In all cases where your vehicle is damaged and you are entitled to claim under the policy, please send at once to the Company an estimate for repairs).</p>
THIRD PARTY CLAIM	<p>If any damage/injury was caused by your car to any other car, person or property, please answer the following questions fully</p> <p>Name and address _____</p> <p>Full details of personal injuries or damage to property _____</p> <p>If any injured person removed to hospital or medically attended, give name and address of the Hospital or Doctor _____</p> <p>Has notice of any claim been given to you? _____</p> <p>IMPORTANT <u>Admit no liability in any circumstances but despatch to the Company forthwith and unanswered any written communication which may have been received.</u></p>

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

Date: _____

Participan's Signature: _____