



THE NEW INDIA ASSURANCE
CO. (Trinidad & Tobago) LTD.

MOTOR CLAIM FORM

CLAIM NO:.....

"Please do not give any 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 questions FULLY. It will avoid unnecessary correspondence and consequent delay in the settlement of Claim.

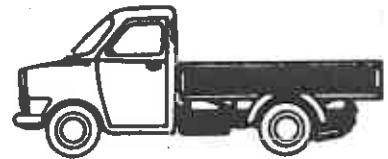
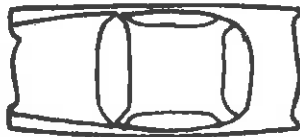
The issue of this form is not an admission of a claim.

Name of Insured			
Address			
Occupation and Tel. No.			
Policy or Certificate No.		Is current premium paid ?	
Driver (These details must be given whoever was driving)		Date of Birth	<input type="text"/>
Name			
Address			
His driving licence particulars :- (a) No. (b) Date of expiry	(a)	(b)	
(c) Was it in force at time of accident?	(c)		
How long has he held a full driving licence ?			
Details of his previous Motoring convictions and any pending prosecutions. If none, state "NONE"	Date	Offence	Fine, endorsement etc.
Does driver suffer from any defective vision or physical infirmity ?			
Was vehicle being driven with your knowledge and permission ?			
The drivers relation to the Policy holder.			If employee, since when
Does driver own any other vehicle ? Give name of Insurer and Policy No.			
Has any Insurance company or underwriter refused or declined to continue any motor insurance for the driver ?			
Was he under the influence of intoxicating liquor or drugs ?			
Your Vehicle	Reg. No. H.P. or C.C. Year Make & Model.....		
	Colour of Body..... Engine No..... Chassis No. Present Value.....		
	Type and description of Body..... Approx. Mileage.....		
If a motor cycle and 50cc or under is it pedal assisted ?			
Is it subject to Hire Purchase ?	Name or Co. <input type="text"/>		
Describe in full the purpose for which your vehicle was being used			
If vehicle not owned by you give name and address of owner.			
Give brief details of your damage			
Estimated cost of repair (The repairer's detailed estimate should be sent as soon as possible)			
Subject to policy cover do you wish to claim for your damage? (A claim under our policy may affect your No Claim Discount)			
Have you notified details by telephone? If not, where can vehicle be inspected by our Engineer ?			
IF COMMERCIAL VEHICLE, STATE			
(1) Nature of goods carried	(1)	(2)	
(2) Amount of load carried			
(3) Owner of goods	(3)	(4)	
(4) Any trailer attached ?			

ACCIDENT DETAILS

Did police attend? If not, were they informed? If so, at which police station?	
How far from near side kerb was your vehicle?	
Width of road	
What road signs or warnings were : (a) on your road ?	
(b) on the other parties road ?	
What warning was given :- (a) by you ?	
(b) by other party ?	
What lights were on :- (a) your vehicle ?	
(b) other vehicle ?	
Were streets lights illuminated ?	
Speed of your vehicle	
Weather conditions	
Was your vehicle travelling on the major road ?	
Which speed limit was applicable ?	
Have you seen or written to the claimant or any person acting on claimants behalf ?	
Have you received any summons or notice of intention to prosecute arising from this accident ?	

POINT OF IMPACT TO YOUR VEHICLE



OTHER OWNER/DRIVER

Name	
Address	
Make and No. of Vehicle	
Insurers (name and address)	
Policy No.	

DETAILS OF INJURED PERSONS

Please give name, age and nature of injury

- (1)
- (2)
- (3)

CATEGORY OF INJURED PERSONS

Your vehicle	T. P. Vehicle	Pedestrains <input type="checkbox"/>	NAME OF HOSPITAL OR DOCTOR
Passenger <input type="checkbox"/>	<input type="checkbox"/>	Cyclist <input type="checkbox"/>	
Driver <input type="checkbox"/>	<input type="checkbox"/>		

DETAILS OF DAMAGE TO OTHER PERSONS VEHICLE OR PROPERTY

Please give owner and extent of damage

- (1)
- (2)
- (3)

ANSWER ALL QUESTIONS IN THIS SECTION

Any summons of communication received from a Third Party should be passed to us immediately

LOSS DESCRIPTION (ACCIDENT, THEFT OR FIRE)	Date	Time
	Place (street or road and town)	
Describe fully how it happened		
	Witnesses (Name and Address) (1)	
Please tick box right hand side if witness a passenger in your vehicle (2)		
(3)		
(4)		

ANSWER THE FOLLOWING IN CASE OF THEFT

What precautions were taken by you to prevent loss ?

Who was in charge of vehicle at the time of theft and for what purpose was it being used ?

At what station were the Police notified, and when ?

Have you any clue to the thief ?

Particulars of articles stolen	When and where bought	Price Paid	Actual Value at time of theft	Amount Claimed

Were the stolen articles (a) actually on the car when stolen ? (b) your own property ?

State what other insurances are in force upon the lost property

Who, according to you was at fault

SKETCH PLAN

Please show road measurements and the positions of the parties and the course taken by them leading up to the accident.

I/We the above named, do hereby, to the best of my/our knowledge and belief, 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 of the Company require in respect of the said accident, shall make any false or fraudulent statements or any suppression or concealment the Policy shall be void and all rights to recover thereunder in respect of past or further accident shall be forfeited.

Witness :

Signature :

Date :

Date :

Registered Office: 3rd Floor, Guardian Building, St. Vincent Street, Port of Spain.

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- Phone/Fax: 662-5223

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