



NECOINSURANCE LTD.

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MOTOR CLAIM FORM

INSURED

1

Name

Address

.....

Policy No.

Phone / Mobile No.....

PARTICULARS OF VEHICLE CONCERNED IN ACCIDENT

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Make and Year	C. C &/or Horse Power	Registered No.	Purpose of Vehicle being used?

Was the Vehicle in a safe and road worthy condition ?

If a Motor Cycle :

i. Was a trailer attached ?

ii. Was a sidecar attached ?

iii. Was a Pillion rider carried ?

IN CASE OF COMMERCIAL VEHICLE

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i.	State nature of goods carried	
ii.	Was the Vehicle loaded to capacity ?	
iii.	What was the weight of goods carried ?	
iv.	Was the Vehicle plying or hired ?	

DRIVER

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i. Name of driver: Age: Sex:

ii. Address:

iii. Is the Driver (a) Owner
 (b) Owner's Paid Drive or
 (c) Owner's Relative or Friend

iv. Was he/she to your knowledge sober and fully competent to drive?

v. Driving licence Number : Expiry Date :

vi. Has it been endorsed ? If so, give particulars

vii. Has the driver previously been involved in an Accident ?

viii. If paid Driver, how long has been in your employment ?

ix. Have the police charged the Driver and if so, why ?

OTHER INSURANCE

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Is there any other Policy indemnifying you or the Driver in respect of this accident ? If yes, give details.

STATE HOW ACCIDENT, LOSS OR BREAKDOWN OCCURRED

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- i. Date: Time: Place:
- ii. Estimated Speed of Vehicle KM / miles per Hour.
- iii. Was horn sounded ?
- iv. Give a short description of how the Accident, Loss or Breakdown occurred:–

- v. If the Accident was caused by the fault of any Third Party, give name and Address of such Person(s)

Name

Address

IN CASE OF THEFT PLEASE GIVE THE FOLLOWING DETAILS

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- i.. Date Time Place
- ii. When did you last use the vehicle ?
- iii. (a) What has been stolen ?
- (b) State estimated Cost of replacement
- iv. (a) If theft occurred while vehicle was standing in street, was it unattended ?

- (b) If so, how long ?
- v. If Vehicle was in garage, was forcible entry made ?
- vi. When was the theft reported to you ?
- vii. By whom discovered and when ?
- viii. (a) Has the Police been notified ?
- (b) If so, when and which Police Station ?
- ix. (a) Do you employ any driver(s) ?
- (b) If so, how long has he/she been in your service ?
- x. Do you suspect any person ?

WITNESSES

It is most important that Names and addresses of all INDEPENDENT witnesses of an Accident should be obtained whether the Driver considers himself to blame or not.

i. Give names and addresses of all witnesses of accident :-

	Name(s)	Address(es)
Passengers in Vehicle		
Independent Witnesses		

- ii. If the witness's names were taken, give reason
- iii. Did a police constable witness the Accident or take particulars ?
- iv. Constable's No.
- v. Was any statement, as to faults, made by witnesses or Driver's at time ?
-

PARTICULARS OF DAMAGE OR INJURY TO THIRD PARTY (PROPERTY OR PERSONS)

i.

Name	Address

- ii. Full extent of Personal Injuries or Damage to Property
- iii. Has Notice of any claim been given to you ?

Please despatch to the Company forthwith any written Communication which may have been received.

PARTICULARS OF INJURY TO DRIVER OR OCCUPANTS OF INSURED VEHICLE OR ANY THIRD PARTY

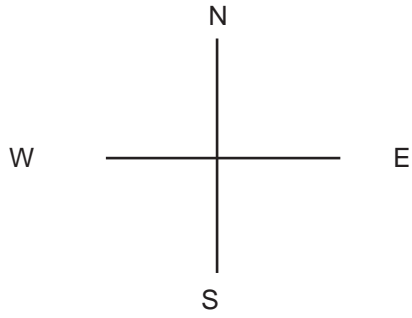
Was any injury sustained by your Driver or Occupants at your vehicle or by any Third Party ?

 If so, give details:

PARTICULARS OF DAMAGE TO INSURED VEHICLE

- i. Fully particulars of Damage:
- ii. Estimated cost of Repairs:
- iii. Address where damaged Vehicle may be inspected:
- Repairers should be requested to forward Estimates to the Company Immediately for verification.**
- iv. Have you given any instruction as to repair being started ?
- v. In the event of Damage to Tyres as a result of the Accident, state :-
 Make: Size: Type:
 Date of purchased: Approximate Mileage done:
 Has it been Retreaded ?
 If so, when ?

Please make a rough plan of the road showing position of Vehicles and persons concerned at the time of Accident. An arrow should indicate the directions in which they were moving.



I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect and I/ We agree that if I/ we have made or in any further declaration the company may require in respect of the said accident shall make any false or fraudulent statement, or any suppression or concealment, the policy will be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.

Date

Insured's Signature

Office Seal