



NECO INSURANCE LTD.

Beema Bhawan, Gyaneshwor, Kathmandu, Nepal

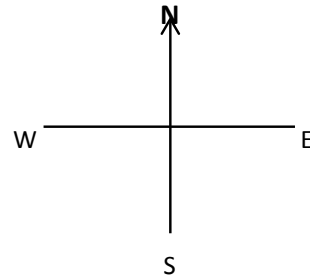
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MOTOR CLAIM FORM				
1	INSURED			
	Name :			
	Address :			
			
	Policy No. :			
2	Phone/Mobile No. :			
	PARTICULARS OF VEHICLE CONCERNED IN ACCIDENT			
	Make and Year	C.C. &/or Horse Power	Registered No.	Purpose of Vehicle being used?
	Was the Vehicle in a safe and road worthy condition ?			
	In case of Motorcycle :	1. Was a trailer attached?		
		2. Was a sidecar attached?		
3. Was a Pillion rider carried ?				
3	IN CASE OF COMMERCIAL VEHICLE			
	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 hire?		
4	DRIVER			
	i.	Name of driver :	Age :	
	ii.	Address :		
	iii.	Is the driver : (a) Owner		
		(b) Owner's Paid Driver or		
		(c) Owner's Relative or Friend		
	iv.	Was he 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 ?		
	vii.	If Paid Driver, how long has he/she been in your employment ?		
	vii.	Has the police charged the driver and if so, why ?		

	OTHER INSURANCE				
5	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					
6	<p>i. Date : Time : Place :</p> <p>ii. Estimated speed of vehicle KM/miles per Hour.</p> <p>iii. Was horn sounded ?</p> <p>iv. Give a short description of how the Accident, Loss or Breakdown occurred :</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>v. If the Accident was caused by the fault of any Third Party, give name and address of such person(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th><th style="width: 50%;">Address</th></tr> </thead> <tbody> <tr> <td style="height: 40px;"></td><td></td></tr> </tbody> </table>	Name	Address		
Name	Address				
7	<p style="text-align: center; background-color: #f2f2f2;">IN CASE OF THEFT PLEASE GIVE FOLLOWING DETAILS</p> <p>i. Date : Time : Place :</p> <p>ii. When did you last use the vehicle ?</p> <p>iii. (a) What has been stolen ?.....</p> <p>(b) State estimated cost of replacement :</p> <p>iv. (a) If theft occurred while vehicle was standing in the street, was it unattended ?</p> <p>(b) If so, how long ?</p> <p>v. If the vehicle was in a garage, was forcible entry made ?</p> <p>vi. When was the theft reported to you ?</p> <p>vii. By whom was it discovered and when ?</p> <p>viii. (a) Has the police been notified ?</p> <p>(b) If so when and which police station ?</p> <p>ix. (a) Do you employ any driver(s)?.....</p> <p>(b) If so, how long has he/she been in your service ?.....</p> <p>x. Do you suspect any person ?</p>				

8	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 the witnesses of the accident		
		Name(s)	Address(es)
	Passengers in the Vehicle		
	Indepented Witnesses		
	ii. If the witness's names were not 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 ?		
		
9	PARTICULARS OF DAMAGE OF INJURY TO THIRD PARTY (PROPERTY AND/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.		
10	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		
11	PARTICULARS OF DAMAGE TO INSURED VEHICLE		
	i. Full 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 purchase : Approximate Mileage done :			
Has it been Retreaded ?			
If so, when ?			

- 12 Please make a rough plan or 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