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

MOTOR CLAIM FORM

CLAIM NO: .....

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 any liability.

Name of Insured	
Address	
Occupation	
Tel. No. and E-Mail Address	
VAT Registration No.	
Policy or Certificate No.	Is current premium paid?
Driver (These details must be given by whoever was driving) NAME	Date of Birth
ADDRESS	
OCCUPATION	
Driving licence particulars :- (a) No. (b) Date of expiry (c) Was it in force at time of accident?	(a) (b) Telephone No. (c)
How long has (s)he held a full driving licence?	
Details of 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 driver's 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?	
Was the driver / passengers wearing seatbelts?	

Your Vehicle	Reg. No.	Make & Model	Colour	H.P.	Body	Year of Make	Chassis Number	Engine Number	Seating Capacity	Sum Insured

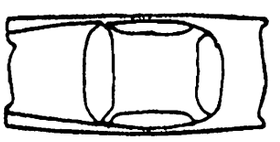
Is it subject to Hire Purchase?	Name or Co.
Describe in full the purpose for which your vehicle was being used.	
If vehicle not owned by you give name and address of owner.	
Give brief details of damage to your vehicle..	
Estimated cost of repair ..... (The repairer's detailed estimate should be sent 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)	
Where can vehicle be inspected by our Engineer?	
IF COMMERCIAL VEHICLE, STATE (1) Nature of goods carried (2) Amount of load carried (3) Owner of goods (4) Any trailer attached?	(1) (2) (3) (4)

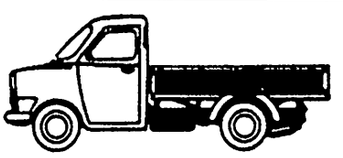
Please Turn Over

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?	(a) (b)	
Was any form of electronic device being used prior to accident?		
What lights were on :- (a) your vehicle? (b) other vehicle?		
Were street 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





ANSWER ALL QUESTIONS IN THIS SECTION

THIRD PARTY PROPERTY DAMAGE

Name of Owner		
Address		
Occupation / Telephone		
Name of Driver		
Address		
Occupation / Telephone		
Vehicle No. & Make of Vehicle		
Insurers (name & address)		
Policy No. / Coverage		

DETAILS OF DAMAGE TO OTHER PERSON'S VEHICLE OR PROPERTY

Please give owner and extent of damage.

(1)

(2)

(3)

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

ANSWER ALL QUESTIONS IN THESE SECTIONS

PASSENGERS IN YOUR VEHICLE

Name	Age	Address	Details of Injury Sustained (if any)	Physician or Hospital

PASSENGERS IN OTHER VEHICLE / PEDESTRIANS

Name	Age	Address	Details of Injury Sustained (if any)	Physician or Hospital

INDEPENDENT WITNESSES

Name	Address	Telephone

LOSS DESCRIPTION (ACCIDENT, THEFT OR FIRE)	Date	Time
Place (street or road and town)		
Describe fully how it happened		

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 in the car when stolen? _____

(b) your own property? _____

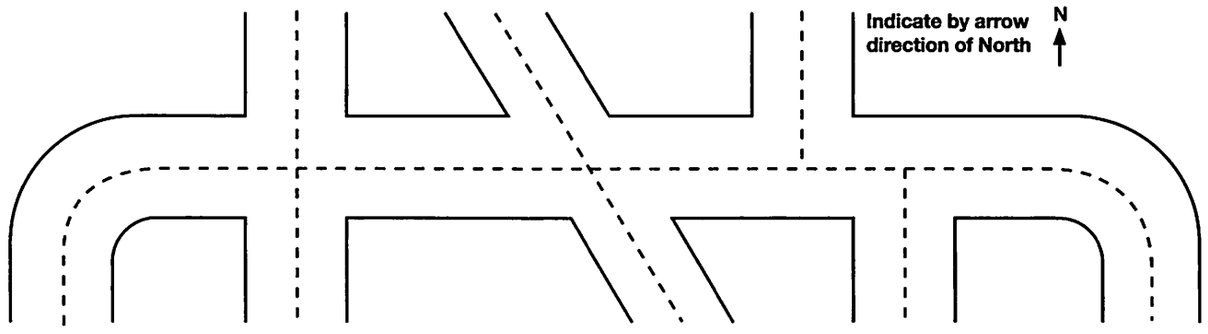
State what other insurances are in force upon the lost property _____

Who, according to you was at fault _____

SKETCH

SKETCH PLAN

COMPLETE THE FOLLOWING DIAGRAM SHOWING DIRECTION & POSITIONS OF AUTOMOBILES INVOLVED. DESIGNATING CLEARLY POINT OF CONTACT.



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

I/We, authorize and consent to the Company obtaining/exchanging further information on my/our motor loss history from any other person/ company/authority with whom I/we may have had previous quotations, policies or motor accidents and any such source is hereby authorized to provide the Company with the requested information about my/our loss and claims history, no claims discounts, or loadings. I/We jointly and severally agree to indemnify the Company against any loss, claims, damages, liabilities, actions and proceedings/legal and or other expense which may be directly or reasonably incurred as a consequence of such disclosure.

Witness : **Signature :**

Date : **Date :**

Registered Office: The New India Assurance Building
P.O. Box 884, 6A Victoria Avenue, Port of Spain.
•Phones: 623-1326 / 625-0669 •Fax: 625-0670
•E-mail: hoffice@newindiatt.com

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• Phones: 652-2658/2718 • Fax: 652-0235

#5 Xavier Street, Chaguanas.
• Phone: 665-1240 • Fax: 672-3506

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