



বিলিয়েন্স ইন্স্যুরেন্স লিমিটেড  
**RELIANCE INSURANCE LIMITED**

SHANTA WESTERN TOWER (LEVEL-5), 186, TEJGAON I/A, DHAKA-1208, BANGLADESH.  
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**MOTOR CLAIM FORM**

Claim No. RIL / MVL ( )

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

"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 settlement of Claim.

1. Name of Insured (in full) \_\_\_\_\_

2. Address \_\_\_\_\_

3. Occupation \_\_\_\_\_

4. The Insured Vehicle \_\_\_\_\_ POLICY/CERT NO. \_\_\_\_\_

(a) Make \_\_\_\_\_ (b) Horse Power \_\_\_\_\_ (c) Registration No. \_\_\_\_\_

(d) Price of the Vehicle Paid by the Insured \_\_\_\_\_ (e) Year of manufacture \_\_\_\_\_

(f) Sum Insured \_\_\_\_\_

(g) Purpose for which it was being used at the time of accident \_\_\_\_\_

(h) Was it in proper order and condition at the time of accident ? \_\_\_\_\_

(i) Was it being used with your knowledge and consent ? \_\_\_\_\_

(j) If the claim is in respect of a Motor Cycle state whether a Pillion passenger was being carried at the time of accident \_\_\_\_\_

(k) If the claim is in respect of a Lorry state whether a trailer was attached \_\_\_\_\_

5. The Person driving at the time of accident

(a) Full name of the person \_\_\_\_\_

(b) His address \_\_\_\_\_

(c) His age \_\_\_\_\_ (d) Is he your permanent paid driver ? \_\_\_\_\_

(e) Date and number of Licence \_\_\_\_\_ (f) Was it in force at the time of accident ? \_\_\_\_\_

(g) Has it ever been endorsed or suspended? If so, give full details with date \_\_\_\_\_

(h) Is he entitled to indemnity under any other company's Policy ? \_\_\_\_\_

(i) Was he sober ? \_\_\_\_\_



7. The Damage

(a) Give in detail the extent of all damage to the insured vehicle directly due to the accident.

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(b) Estimated cost of repairs :Taka \_\_\_\_\_

(c) Where can the vehicle be inspected ? \_\_\_\_\_

(d) Have you given instructions for repairs to be carried out ? If so, to whom (Name & Address) \_\_\_\_\_

(e) Have you instructed them to send an estimate to the Company immediately ? \_\_\_\_\_

**N.B.-** If possible an estimate of repair should be attached with this Form and in any event it must be sent to the Company.

8. The Result

(a) Has the accident caused any injury to any person or persons? If so, give the following particulars :-

Name	Address	Occupation	Nature of injuries	Whether being conveyed in the vehicle or not

(b) If any injured person has been removed to any Hospital or Medically attended. If so, give name and address of the Hospital or Doctor \_\_\_\_\_

(c) Did the accident cause damage to property or livestock ? If so, give name and address of the owner stating nature and extent of damage \_\_\_\_\_

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**9. General**

(a) Has any claim been made upon you by any Third Party ? If so, give details and attach the intimation.

(b) If accident was caused by the fault of any Third Party, give name and address of such person/s

(c) How many person(s) were in the vehicle at the time of accident ?

(d) Give the following particulars about all witnesses to the accident :-

Name	Address	Whether being conveyed in the vehicle or not

(e) Was the matter reported to the Police? If so, give name of the Police Station \_\_\_\_\_

(f) What action, if any, has been or is being taken by the Police or any other authority ? \_\_\_\_\_

(g) Give particulars of other insurance on the vehicle, if any \_\_\_\_\_

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

Date \_\_\_\_\_

Witness \_\_\_\_\_

Signature \_\_\_\_\_