

Motor Accident Report Form

Vehicle No.	<input type="text"/>	Policy No.	<input type="text"/>
Date and time of the Accident	<input type="text"/>	Place of Accident	<input type="text"/>
Description of Accident	<input type="text"/>		
Name of Insured	<input type="text"/>	Telephone No.	<input type="text"/>
Name of Driver	<input type="text"/>		
Driving License No.	<input type="text"/>	Date of Issue	<input type="text"/>
Authorized Classes	<input type="text"/>	Sketch of the accident	<input type="text"/>
Relationship to the Insured	<input type="text"/>		
Use of vehicle at the time of accident	<input type="text"/>		
Details of damages	<input type="text"/>		
Details of third party	<input type="text"/>		

Name of the police station accident reported

* Kindly note that as per section 161 of Motor Traffic Act you are required to report the accident forthwith to the nearest police station.

- I/ We hereby confirm and agree that;
- All information and particulars given are true and complete, and that no material has been withheld.
 - All necessary assistance will be given to the Company in settlement of this claim.
 - The only damage at present sustained by my/ our vehicle is solely as a result of the accident described herein, and that no payment shall be due under the policy in respect of other damage repaired at the same time as a result of the accident described herein,
 - If any false or fraudulent claim be made by me/us or anyone acting on my/our behalf then all benefit under the policy may be forfeited.
 - A representative of Asian Alliance Insurance PLC inspected the above damage vehicle and I/We hereby agree to repair the vehicle as per the Assessor's approval subject to the terms and conditions of the above motor policy.

..... Driver/ Insured Date
Remarks	<input type="text"/>

* This form is issued without prejudice to our liability.