



ROYAL INSURANCE CORPORATION OF BHUTAN LIMITED
THIMPHU : BHUTAN
MOTOR CLAIM FORM

Policy No.....

Period of Insurance..... To

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

Please answer ALL relevant questions Fully (If space is found insufficient, please attach separate sheet)

1. INSURED

i) Name of the Registered Owner:

ii) Address for correspondence :

iii) Telephone/Mobile No.:

2. THE INSURED VEHICLE

Make & Year	Engine No. :	Registration No. :
	Chassis No. :	

INFORMATION REQUIRED FOR COMMERCIAL VEHICLES ONLY (Private Carriers, Public Carriers, Passenger vehicles like Buses, Taxis, etc.)

i) Nature of goods carried at the time of accident:

ii) If the vehicle is Lorry/Jeep/Tractor, was a trailer attached?

iii) Number of Passengers carried at the time of accident:

3. DRIVER AT THE TIME OF ACCIDENT

i) Name:

ii) Age:

iii) Address:

iv) Is the Driver a) Owner

b) Paid Driver

c) Owner's relative or friend

v) Was he under the influence of intoxicating liquor or drugs?

vi) Driving Licence Number

vii) Contact Number:

4. DETAILS OF ACCIDENT

- i) Date & time of accident
- ii) Place of accident
- iii) Give a short description of the accident

- iv) If any Third Party was responsible for the accident, give name and address:

v) Can your vehicle still be driven after the accident?(v wherever applicable)

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

5. DAMAGE TO INSURED VEHICLE

- i) Give approximate details of damages

6. THIRD PARTY INJURY/DEATH/PROPERTY DAMAGE

- i) Name & Address of person(s) injured/dead:

 - iii) Full details of injury sustained:

 - iv) Name of hospital giving medical attention to injured person
 - v) If property damaged, give details of property damaged:

 - vi) Has notice of any claim been given to you?
 - vii) Is there Court case and if yes, which Court?
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7. INJURY TO DRIVER/HELPER/OCCUPANT

- i) Was Driver/Helper/any occupants injured/dead?
- ii) If yes, give full details

8. THEFT

- i) Date & time of loss
- ii) Place of loss
- iii) What was stolen?
- iv) Estimated cost of replacement
- v) By whom discovered and reported?
- vi) Has the accident and theft been reported to Police? If not, why?

- vii) If yes, to which Police Station and when?

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 have made, on in any further declaration the company may require in respect of the said accident, shall make false and fraudulent statement, or any suppression or concealment the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.

Date:

Signature of the Insured