



MOTOR CLAIM FORM

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

1. POLICY HOLDERS DETAILS

Policy No _____	Claim No _____
Period of Insurance from _____ to _____	
Name of Insured _____	Identity Card No. _____
Address _____	Phone No _____

2. VEHICLE DETAILS

Vehicle No: _____	Vehicle Type _____	Model _____
Chasis No. _____	:	Engine _____

3. LOSS DETAILS (ACCIDENT/THEFT)

Date of Accident _____	Time _____	Speed _____
Exact Place where loss occurred _____		
For what purpose was the vehicle being used at the time of the accident _____		
Nature of goods carried at the time of the accident (Comm. vehicle) _____		
Weight of the goods carried _____		
Has the accident reported to the Police _____ YES/NO		
Name of Police Station _____ GD/Case No _____		

4. STATEMENT OF HOW THE ACCIDENT/THEFT OCCURED

5. DRIVER PARTICULARS

Name _____	Relation with Insured _____
Address _____	Contact No. _____



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Bhutan Insurance Limited
Providing Security. Building Confidence

Your insurer of
CHOICE

Driving License No: _____ Date of Birth as shown in the
license _____
License Effective from _____ License Expiry date _____
Type of Vehicle authorized to drive _____

6.OCCUPANT/PASSENGERS/THIRD PARTY INJURY/DEATH DETAILS

7.THIRD PARTY PROPERTY DAMAGE (INCLUDING OTHER VEHICLE INVOLVED)

DECLARATION:

I/We the above named, do hereby, to the best of my/our knowledge and belief warrant the truth of the forgoing statement in every respect, and I /We agree if I /We have made, on 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 shall be void and all the rights of recovery there in respect of past or future accident shall be forfeited.

Name :

Signature of the Insured

Date :

YOUR INSURER OF CHOICE
Chorten Lham, Post Box No 779, Ph.339893/339894 Fax No.339895