

### 3. DRIVER AT THE TIME OF ACCIDENT

- |   |                               |
|---|-------------------------------|
| (a) Name  | Prashant Kumar                |
| (b) Age   | 27                            |
| (c) Address   | Gadga Garden Kaptanlung Beshi |
| (d) Is the Driver   |                               |
| 1. Owner  |                               |
| 2. paid driver?   |                               |
| 3. Owner's relative or friend?                                  | Relative                      |
| (e) If paid driver, how long has he been in your employment     |                               |
| (f) Was he under the influence of intoxication Liquor or drugs? | No                            |
| (g) Driving Licence Number                                      | UPS120240001752               |
| (h) Issuing Authority   | LA Beshi                      |
| (i) Date of Expiry  | 02/09/2024                    |
| (j) Was the licence temporary/permanent                         | Permanent                     |
| (k) Details of endorsement/suspension, if any                   | N/A                           |
| (l) Has he been involved in any accident before?                | No                            |
| (m) Has he been charged by the policy? If so, Why?              | No                            |

#### 4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

## 5. DETAILS OF ACCIDENT

- |     |  |  |
|-----|--|--|
| (a) | Date and Time  | : 24/12/2025   |
| (b) | Place  | : 11:30 pm   |
| (c) | Speed of vehicle at the time of accident                                       | : 35 km/h  |
| (d) | Give a short description of the accident                                       | : एक गाड़ी ने एक व्यक्ति को धक्का मारा और उसे गिरा दिया। |
| (e) | If any third party was responsible for this accident give the name and address | : नहीं -   |

## 6. DAMAGE TO INSURED VEHICLE

- |     |   |   |                           |
|-----|---|---|---------------------------|
| (a) | Full details of damage                              | : | As Per Estimate           |
| (b) | Estimated cost of repairs                           | : | 14790/-                   |
| (c) | When and where can the damaged vehicle be inspected | : | Sushil Automobiles Bhopal |

## 7. THIRD PARTY INJURY/PROPERTY DAMAGE

- |     |  |   |
|-----|--|---|
| (a) | Name   | : |
| (b) | Address  | : |
| (c) | Full Details of personal injury sustained  | : |
| (d) | Name and address of any person/hospital giving medical attention to injured person | : |
| (e) | Full details of property damaged   | : |
| (f) | Has notice of any claim been given to you?   | : |