

### 3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : DOODHNATH YADAV
- (b) Age : 36
- (c) Address : LASHKARI PITHIYA LAKARI BASTI
- (d) Is the Driver :
1. Owner : YES
  2. paid driver? :
  3. Owner's relative or friend? :
- (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 : UP51 2040014148
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : \_\_\_\_\_
- (j) Was the licence temporary/permanent : PERMANENT
- (k) Details of endorsement/suspension, if any : NA
- (l) Has he been involved in any accident before? : NA
- (m) Has he been charged by the policy? If so, Why? : NA

### 4. OTHER INSURANCE

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

### 5. DETAILS OF ACCIDENT

- (a) Date and Time : 20/12/25
- (b) Place : BHUVARA
- (c) Speed of vehicle at the time of accident : 35
- (d) Give a short description of the accident : गाड़ी लेकर जा रहे थे सामने से आ रही गाड़ी से टक्कर
- (e) If any third party was responsible for this accident give the name and address : हा गलत दिखने वाली Damage हो गई

### 6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : \_\_\_\_\_
- (b) Estimated cost of repairs : \_\_\_\_\_
- (c) When and where can the damaged vehicle be inspected : \_\_\_\_\_

### 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? : \_\_\_\_\_