

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : MOHAMMAD SHAMIM
- (b) Age : 26
- (c) Address : POST DHAWAI, DHAWAI 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 : UP5120230005999
- (h) Issuing Authority : _____
- (i) Date of Expiry : 01/2029
- (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 : 13/02/2020 2:45 PM
- (b) Place : Highway near Bawana
- (c) Speed of vehicle at the time of accident : 30 Km PH
- (d) Give a short description of the accident : मेरा गाड़ी को एक बड़ी गाड़ी ने टक्कर मारी और गाड़ी में से सब लोग बाहर निकल गए।
- (e) If any third party was responsible for this accident give the name and address : NA और गाड़ी की जानकारी नहीं है।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Left side indicator, headlight, bumper.
- (b) Estimated cost of repairs : ₹ 10,000
- (c) When and where can the damaged vehicle be inspected : _____

7. THIRD PARTY INJURY/PROPERTY DAMAGE

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