

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : अबुल रहमान
- (b) Age : 33
- (c) Address : सैयद लाडा दिवराय क
- (d) Is the Driver : कानून
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : Relative Friend
- (e) If paid driver, how long has he been in your employment : _____
- (f) Was he under the influence of intoxication Liquor or drugs? : _____
- (g) Driving Licence Number : UP7420190004697
- (h) Issuing Authority : Kannauj
- (i) Date of Expiry : 30-07-2029
- (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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 23/12/2025 सांय 4 बजे
- (b) Place : दिवराय क
- (c) Speed of vehicle at the time of accident : 40 km
- (d) Give a short description of the accident : दिवराय क से लाजपुर जाते समय अचानक से गड्ढा
- (e) If any third party was responsible for this accident give the name and address : आपने के कारवां गाड पेड लाकराई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS Per Estimate
- (b) Estimated cost of repairs : Rs 21000
- (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 : N/A
- (e) Full details of property damaged : _____
- (f) Has notice of any claim been given to you? : _____