



বাংলাদেশ কো-অপারেটিভ ইন্সুরেন্স লিঃ Bangladesh Co-Operative Insurance Ltd.

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MOTOR INSURANCE CLAIM FORM

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

Claim No.

Date

1. Important Insurrections :

- Claim Form is to be filled in properly & signed by the insured,
- Please do not leave any column unanswered.
- All facts and Statements must be factual not influenced or biased in any form.
- The damaged vehicle must be parked at safe place to avoid any subsequent loss/theft. Company will not be responsible for the same.
- Please read carfully and attach the documents required for speed up processon of your claim.

2. Policy Holders Details :

Policy / Certificate No : _____

Period of insurance : From To

Insured/Claimant Name _____ Phone No: _____

Address : (Please note- if the Claim is approved, _____
the claim payment Cheque-shall be dispatched at the _____
address mentioned hereon).

Email : _____

3. Vehicle Details :

Reg No : _____ Make : _____ Year of Manufacture : _____

Chasis No: _____ Engine No: _____

Fitness valid upto : _____ Date of Transfer (If applicable): _____

Type of Fuel : _____ Colour of vehicle : _____

4. Details of the person Driving the Vehicle at the the time of accident :

Full Name: _____ Age: _____

Driver is : a) Owner b) Paid Driver c) Relative/Friend

Address: _____

Driving License No: _____ Effective for (Type of vehicles): _____

Issue Date:

Expiry Date:

5. Loss Details: Accident / Theft

Date of Loss: Time: Speed of the vehicle at the Time of Accident: KM/Hour

Exact Place where loss occurred: _____

Place to which the vehicle was heading for before accident: _____

Purpose for which vehicle was being used at the time of accident: _____

Nature of goods carried at the time of accident (in case of Goods Carrying Vehicle) : _____

No of people traveling and in what capacity at time of accident : _____

Is reported to the Police ? ☐ Yes / ☐ No Name of the Police Station : _____

If any third party was responsible for the Accident, give name and address: _____

_____ Gen. Diary/FIR No : _____

6. Extent of Damage.

Brief details of accident: _____

Estimate cost of repair: _____

Where can the vehicle be inspected? _____

Has the accident caused injury to any person or property? _____

Has any claim be made upon you by any Third Party? _____

Give particulars of other insurance on the vehicle, if any: _____

I/We do hereby confirm that to the best of my/our knowledge the aforesaid statements are true. I/We also agree that if any false or fraudulent statement or any suppression or concealment of material fact is made in respect of the said accident the Policy shall be void and all rights to recover there under shall be forfeited.

Date

Signature
