



National Insurance Trust Fund

MOTOR CLAIM DEPARTMENT

MOTOR CLAIM FORM



Without Prejudice

Form No – 12 (E)

Issued on :-.....

Policy No :-.....

Issued By :-.....

Job No :-.....

Assessor :-.....

Claim No :-.....

To the Manager

National Insurance Trust Fund

SECTION A

SITE INSPECTION/ ASSEMENT MOTOR CLAIM FORM

1. Vehicle No :-..... Date & Time of Accident :-
2. Accident Location :-
3. Purpose of usage of the vehicle at the time of the accident :-
4. Description of Accident :-
5. Extend of Damages :-.....

The Insured :

1. Full Name of the Insured :-.....
2. Address :-.....
3. Occupation/ Position :-
4. Telephone No :-..... Fax No: & E-mail Address :-
5. Are you the registered Owner ? If not State your Interest :-

The Driver :

1. Full Name of the driver :-
2. Driver's License Number :-..... Date of Expiry :-.....
3. Relationship between the insured & driver :-.....

Details of Accident/ Loss - Details of any injuries/ Damages caused to :

1. Passengers/ employees in own vehicle :-.....
2. Goods in vehicle with weight :-.....
3. Third party injuries/ Damages :-.....

Settlement Options:

1. I/ We wish to obtain an advance to commence the repair of the vehicle
2. I/ We wish to obtain the settlement of the cost of the repair after the submission of the bills & purchase receipts and producing the vehicle for an after repair inspection.

Declaration:

1. I/ We declare that all particulars given are true and correct to the best of my/ our knowledge and no material information has be, withheld connected to the Claims. All co - operation required in relation to this claim will be provided.
2. I/ We agree if any false or fraudulent claims made by me/ us or any one acting on my/ our behalf. then the claims shall result in repudiation of the claim. I/ We also declare that the Loss or damage sustained to my/ our vehicle is solely as a result of this accident/ event described herein.

Date :-.....

Signature of the Insured :-
(Rubber Stamp where Applicable)

Important :

1. The repairs to the vehicle should be completed within 03 months from the date of the repair approval.
2. The vehicle has to be inspected after the completion of the repair always with salvage if you fail to submit your vehicle for an inspection after the completion of the repair and if the vehicle meets with another accident and there are similar damages, NITF reserves the right to repudiate such a claim that may arise due to the second accident.
3. The repaired vehicle along with salvage items, final bills. purchase receipts are certified copy of the driving license should be shown at the National Insurance Trust Fund Head Office No: 95, Sir Chittampalam A Gardiner Mawatha, Colombo 02, or to our Island wide authorized assessors for the Settlement of Claims.

SECTION B

BANK ACCOUNT DETAILS FOR CLAIMS SETTLEMENT

Bank Account Number :-

National Identity Card Number :-

Bank :-

Branch :-

Cheque to be posted to :

Name :-.....

Address :-.....

DISCHARGE RECEIPT & LETTER OF INDEMNITY

Section(c)(1)

DISCHARGE RECEIPT

Policy No :-.....

Vehicle No :-.....

I/ We acknowledge having received from the National Insurance Trust Fund a sum of Rs :-.....
(Rs :-.....) in full/ part settlement of my/ our claim for damages caused as a result of an accident/ theft of parts to/ from the vehicle.

The repairs have been/ will be carried out to my/ our entire satisfaction in terms of your letters of approval.
Inconsideration of the above payment I/ We hereby discharge the National Insurance Trust Fund from all further liabilities arising directly or indirectly in respect of damage to vehicle in the above accident/ theft of parts covered under the policy.

Section(c)(2)

LETTER OF INDEMNITY

I/ We hereby and firmly believe myself/ ourselves to be entitled to be indemnified by National Insurance Trust Fund in terms of the aforementioned policy, in consideration of the National Insurance Trust Fund dispensing with some or all of the usual investigations with a view to expediting the payment of my/ our aforementioned claim.

I/ We hereby unconditionally undertake to reimburse the National Insurance Trust Fund all sums of money paid by the National Insurance Trust Fund to me or to any other person on my/ our behalf or such an amount as may be demanded by the said National Insurance Trust Fund, in the event of National Insurance Trust Fund alleging that the sum paid or any part there of was not due to me/ us on account of the accident/ theft not having taken at all or in the manner alleged by me/ us, on account of the violation of any policy condition or on account of any other matter of cause whatsoever.

Signed at :-.....(place).....**this**.....

Days of :-.....**20**.....

.....

Signature of the Insured

(Rubber Stamp where applicable)

Signature and witnessing of Discharge Receipt and Letter of Indemnity

01.Witness : Signature Name :-.....

& Address :-.....

02.Witness : Signature Name :-.....

& Address :-.....