



HNB ASSURANCE TAKAFUL

No: 51A, Dharmapala Mawatha, Colombo 07.
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(Original)

Motor Claim form / Settlement Advice

("Without Prejudice")

MOI:	
NO:	

Name of Assessor

POLICY DETAILS

Name of Participant

Period of Cover	From <input type="text"/>	To <input type="text"/>	Policy No	<input type="text"/>
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Sum Covered	<input type="text"/>	Pre-accident value	<input type="text"/>
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Hire purchase	<input type="text"/>	Policy Excesses	<input type="text"/>
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Chassis No	<input type="text"/>	Make and Model	<input type="text"/>
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Meter reading	<input type="text"/>	Year of make	<input type="text"/>
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ACCIDENT DETAILS

Date and time of the Accident	<input type="text"/>	Place of the Accident	<input type="text"/>
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Description of Accident

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Details of any pre-accident damages

1) _____	3) _____	5) _____
2) _____	4) _____	6) _____

Details of the damages caused by the accident

1) _____	5) _____
2) _____	6) _____
3) _____	7) _____
4) _____	8) _____

Details of third party vehicles & properties

VEHICLES / PROPERTIES		INJURED PERSONS IF ANY	
Reg. No. / description of other Property damages		Name & Address	
Appearing damages		Age & Occupation	
Name & Address of the owners		Nature of injuries	

Sketch

<input type="text"/>
