

AMERICAN HOME ASSURANCE COMPANY



NEW YORK, N.Y.

INSURED'S NAME & ADDRESS	Name Occupation Nationality Home Address Telephone No. Business Address Telephone No. Is there any other policy in force covering this vehicle? If so give details Were you in the vehicle when the accident took place?
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PARTICULARS OF INSURANCE	Policy No. or Certificate No. Renewal Date Type of Cover
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PARTICULARS OF VEHICLE	Licence No. Make Year of Make Colour Condition of Tyres Was there any unrepaired damage prior to the accident? If so give details Name and Address of any Bank or Company financially interested in vehicle Type of Road Licence: i.e. whether Private, Private C.M.C., Public C.M.C., or P.P.V.
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PARTICULARS OF USE	State fully the purpose for which the vehicle was being used at the time of the accident Were goods being carried? If so, state the nature of the goods and the weight of the load How many persons were being conveyed in the vehicle? Were they charged a fee to be conveyed? If the vehicle was driven by a person other than the Insured, by who's authority was it being used? What is the relationship of the driver with the Insured?
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PARTICULARS OF DAMAGE TO OWN VEHICLE	Was the vehicle damaged? If so, state:- a) Nature of the damage b) What is the approximate cost of repairs? \$ c) Where is the vehicle now? d) Who are the repairers? (IN ALL CASES WHERE YOUR VEHICLE IS DAMAGED AND YOU ARE ENTITLED TO CLAIM UNDER THE POLICY PLEASE SEND AT ONCE TO THE COMPANY AN ESTIMATE OF REPAIRS.)
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