



(A Subsidiary of People's Leasing & Finance PLC | Ultimate Parent: People's Bank)
Company No. PB 3754 PQ
A Licensed Insurance Company by the Insurance
Regulatory Commission of Sri Lanka.
P.O. B # 215, No. 07, Havelock Road, Colombo 05.
Tel : 011 2126126 Fax : 011 2126422



Instructions

- Complete this form Legibly and submit along with,
- A copy of the driving licence of the driver at the time of the accident. not later than 14 days from the date of accident to avoid unnecessary delay in settling your claim.
- Do not make any promise/payment or acceptance of liability to any third party. Any claims (Whether verbal or written) from third parties should be forwarded to us immediately without replying them.
- Acceptance of the completed claim form does not mean admission of liability.
- A police report is not essential for you to make a claim for damages to your vehicle. However, where a third party is involved, reporting the accident to the nearest police station is required by law. (Section 161 - Motor Traffic Act)

හිමිකම් අංකය
Claim No -

සම්පූර්ණ නම
Name in full: (Mr/Mrs/Miss/Rev/Dr).....

තැපැල් ලිපිනය
Postal Address.....

සම්බන්ධ වීම සඳහා දුරකථන අංකය:
Contact Telephone No's.

ෆැක්ස් අංකය:
Fax No.

අනුමත හිමිකම බැංකු වෙත යැවීම සඳහා:
To enable credit the approved claim:

බැංකුවේ නම
Name of the Bank.

ඉතිරි කිරීමේ ගිණුම් අංකය
Saving Account Number.....

(රැකියාවට අයත් බැංකු පොතෙහි ගිණුම් විස්තර අඩංගු පිටුවේ සහතික කළ ඡායා පිටපතක් අමුණන්න.)
(Attach a Certified photo copy of the page containing account details)

නීත්‍යානුකූල අයිතිකරුගේ නම සහ ලිපිනය
Name and the address of legal owner

.....

වාහනය කළේ බදු හෝ ණය ගිවිසුමකට යටත් නම් ආයතනයේ නම
If the Vehicle under Lease, Hire Purchase or Loan Agreement Name of the Institution

සම්පූර්ණ නම Name in full (Mr/Mrs/Miss/Rev/Dr.)	වයස Age
රක්ෂිතයාට ඇති සම්බන්ධය Relationship to the insured	රියදුරු බලපත්‍ර අංකය (පිටපතක් අමුණන්න) DL No. (Please attach a copy)

දිනය Date. වේලාව Time ස්ථානය Location.

වාර්තා කළ පොලිස් ස්ථානයේ නම Reported police station

සිද්ධිය සැකෙවින් දක්වන්න
Briefly describe what happened

.....

LETTER OF INDEMNITY

I/We ofbeing the owner (s) of the vehicle bearing Registration No. and being the holder (s) of Insurance Policy No. issued by PEOPLE'S INSURANCE PLC, hereby confirm that the aforementioned vehicle met with an accident on at and that I/We honestly and firmly believe myself / ourselves to be entitled to be indemnified by PEOPLE'S INSURANCE PLC in terms of the aforementioned Policy of Insurance.

In consideration of PEOPLE'S INSURANCE PLC, dispensing with some or all of the usual investigation with a view to expediting the payment of my/our aforementioned claim. I/We, the said hereby unconditionally undertake to reimburse PEOPLE'S INSURANCE PLC all sums of money paid by PEOPLE'S INSURANCE PLC to me/us or any other person on my/our behalf or such lesser amount as may be demanded by the said PEOPLE'S INSURANCE PLC alleging that the sum paid or any part thereof was not due to me/us on account of the accident not having taken place at all or in the manner alleged by me/us or on account of the violation of any Policy condition or on account of any other matter or cause whatsoever.

Signed at this day of 20.....

.....

Signature of the Insured

DISCHARGE RECEIPT

Vehicle No

Policy No

I/We the undersigned do hereby acknowledge having received from PEOPLE'S INSURANCE PLC a sum of Rs. (less than 75% to be paid as advance subject to Policy conditions and the balance upon the production of the vehicle for inspection after repairs and in terms of the Policy) in full and final settlement of my/our claim for damage caused to vehicle/goods as a result of an accident/theft of parts to/from vehicle bearing aforementioned Registration Number on

The repairs have been carried out to my/our entire satisfaction in terms of our Letter of Approval.

In consideration of the above payment, I/We hereby discharge PEOPLE'S INSURANCE PLC from all further liabilities arising directly or indirectly in respect of damage to goods carried on and/or damage to the Vehicle bearing aforementioned registration Number in the above accident/theft or parts covered under aforementioned Policy.

Signed at this day of 20.....

.....

Signature of the Insured

Name of the Insured:

Name of the Signatory:

Designation:

Witness : 1. Name :

Witness : 2. Name :

Address :

Address :

Signature :

Signature :