

MOTOR VEHICLE INSURANCE ARBITRATION COMMITTEE

File Ref:-
MVIAC / /

Application for Settlement of Dispute Form

Road Traffic Act 1962 (As Amended)

(Section 68 H - Sixth Schedule)

To: *The Secretary*
Motor Vehicle Insurance Arbitration Committee
c/o Ministry of Land Transport and Light Rail
7th Floor, Max City Building,
Cnr Remy Ollier & Louis Pasteur Streets, Port Louis
Tel: 217-3329; 217-0432

1. *Name of Applicant:*

Address:

Tel No.: *Fax No.:* *E-Mail :*

2. *Name of Respondent:*

Address:

Tel No.: *Fax No.:* *E-Mail :*

3. *Date & Time of Accident:* / / : (24 hrs)

Date ASF/MRARF received:/...../.....

4. *Details of Vehicles involved:*

Vehicle A

Vehicle B

Vehicle No. Vehicle No.:

Policy Holder: Policy Holder:

Policy No.: Policy No.

Driven by: Driven by:

Insurer: Insurer:

5. *Nature of Dispute (Tick as appropriate):*

1. Determination of liability ()

2. Assessment of quantum ()

6. Amount of the claim:.....

For (Insurance):		For Insured:	
	Rs		Rs
.....
.....
.....
.....
.....
Total		Total	

7. Grounds and issues in support of Applicant's Claim:

- (a)
-
-
- (b)
-
-
- (c)
-
-
- (d)
-
-

Date:

Signature of Applicant:.....

Documents to be enclosed with payment of Rs 3,000 representing MVIAC Processing Fee.

For Determination of Liability ONLY	For Determination of Liability & Assessment of Quantum
(1) Copy of the Agreed Statement of Facts Form or Minor Road Accident Report Form (as applicable)	(1) Copy of the Agreed Statement of Facts Form or Minor Road Accident Report Form (as applicable)
(2) AAL Form or Recovery Letter	(2) AAL Form or Recovery Letter
(3) Claim Form / Accident Report Form	(3) Claim Form / Accident Report Form
(4) Certificate of Insurance	(4) Estimates of repairs
(5) Copy of Registration Book	(5) Survey Report
	(6) Discharge Voucher/ Receipts of Payments
	(7) Certificate of Insurance
	(8) Copy of Registration Book
	(9) Any other supporting documents