

MOTOR INSURANCE CLAIM FORM PRIVATE CAR/TWO WHEELER

ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Important Instructions

- Claim Form to be filled in capital letters and signed by the Insured.
- The damaged vehicle must be parked at a safe place to avoid any subsequent loss / theft.
- Please submit the documents as mentioned on the reverse of this form*.
- Please do not leave any column unanswered. Mention "N/A", if not applicable.

If any information is not readily available please do not delay the dispatch of this form and other particulars may be sent later

Policy Number - - - -
 Claim Number
 Period of Insurance / / to / /

A. DETAILS OF INSURED/CLAIMANT

Name of the Insured
 Address
 City State Pin Code
 Contact Number : Phone STD Code No. Mobile + 9 1
 E-mail ID

B. DETAILS OF LOSS / DAMAGE / ACCIDENT / THEFT

Date / / Time : A.M. / P.M.
 Location City
 State Pin Code
 Road Type : Express way Hill Road National / State Highway City / Town Road District Road Others
 Speed at the time of accident kmph
 Type of Loss : Own Damage Theft Partial Theft (specify) _____
 Third Party Death Third Party Injury Third Party Property Damage Personal Accident
 Purpose for which the vehicle was being used at the time of accident / theft _____
 Number of persons travelling Any other vehicle involved _____
 In case of theft, keys in the possession of?
 Name
 Contact no. : Mobile Land Line
 Contact Details of person/s at the Location
 Name
 Relationship with Insured _____
 Contact Number : Phone STD Code No. Mobile + 9 1
 E-mail ID
 Describe Cause of Loss / Damage / Accident _____

Please draw a sketch of spot of accident & describe position of vehicle at the time of accident, including nearby landmarks

FIR / DDR / GDR if any : Yes No If not (reasons) _____
 Police FIR / GDR / DDR Details No : Date / /
 Police Station name State
 City

C. VEHICLE DETAILS

Reg. No.

Make Model

Chassis No. Engine No. Odometer Reading

Colour Date of Registration: RTO Jurisdiction

Vehicle Class : Two Wheeler Pvt. Car Others (specify) _____

D. DRIVER DETAILS

Name of Driver Date of Birth / /

Relationship with Insured Gender: M F

Qualification : Below 10th Std. 10th Pass 12th Pass Graduation PG

Contact Number : Phone STD Code No. Mobile: + 9 1

E-mail ID

Driving License No.

Date of Issue: Date of Expiry

Issuing RTO Type of License : Permanent Temporary

Class: M-Cycle W/G M-Cycle Wo/G LMV Transport Non-Transport HGV Passenger

Special Endorsements, if any _____

E. THIRD PARTY DEATH/INJURY/PERSONAL ACCIDENT DETAILS

(Attach additional sheet, if required)

Sl. No.	Name of person	Whether TP Passenger	Address	Contact No.	Death/Type of Injury	Name of Hospital where admitted	Name of Attending Doctor	Details of Any Legal/ Court Notice received

Any other information _____

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/We have made, or in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the Company may forfeit the entire claim, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accidents shall be forfeited.

I/We have attached the list of documents with this claim Form and have understood the entire requirement to be fulfilled for administration of this claim and the Company shall not be held responsible for any delay in settlement of claim due to non-fulfillment of requirements including the documents as mentioned in the claim form.

I/We agree to provide additional information and additional documentation to the Company, if required. I/We further authorise the Company to access my/our information relevant to the Claim under process.

Place :

Date :

Signature : _____

Name of Insured / Claimant : _____

*** INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT**

For Accident Claims	For Theft Claims
1. Proof of insurance - Policy / Cover Note copy 2. Copy of Registration Book, Tax Receipt [Please furnish original for verification] 3. Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification) 4. Police Panchanama / FIR 5. Estimate of repairs from the repairer where the vehicle is to be repaired 6. Repair Bills/Invoices and payment receipts after the job is completed 7. Discharge Voucher	1. Original Policy document 2. Original Registration Book / Certificate and Tax Payment Receipt 3. All the sets of keys / Service Booklet / Warranty Card / Original Purchase Invoice 4. Police Panchanama / FIR and Final Report / Non Traceable Report 5. Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE" 6. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financier 7. Subrogation cum special Power of Attorney 8. Consent towards agreed claim settlement value from yourself and Financier 9. NOC from the Financier if claim is to be settled in your favour 10. Indemnity bond & discharge voucher
• Additional documents required by us if any, will be intimated to you as and when required	