



**IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED**  
**REGISTERED OFFICE: 34, NEHRU PLACE, NEW DELHI – 110019**

Claim No.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

**Motor Own Damage Insurance Claim Form**

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 3 days, from the date of it's issuance.

Policy No.		
Name of Person, who was driving the vehicle		
Driving Licence No.		
No. of Passengers including Driver		
Date of Accident		
Location of Accident		
Circumstances & Cause of Accident		
Details of Human (Passengers including Driver) Injury, if any?		
Details of Third Party Damage (Human Injury or Property Damage), if any?		
Names & Addresses of Hospitals / Clinics etc., where injured persons were treated		
Name & Address of Workshop, where vehicle is to be repaired		
Amount Claimed (Attach Copy of Estimate)		
Details of Other Existing Insurances		
Name & Address of Company	Policy No.	Sum Insured

**I, undersigned confirm that above given details are true & correct to the best of my knowledge**

**Name:**

**Signature:**

**Date:**