

## Motor Claim Form

(Issuance of this Form does not imply acceptance of the liability)

### Personal Details of proposer (Owner) (To be filled in block capitals)

Policy No.	<input type="text"/>	Cover Note No.	<input type="text"/>
Policy Period	<input type="text"/>		
Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="text"/>		
Address for Communication	<input type="text"/>		
Flat Building	<input type="text"/>		
Road/Street/Sector	<input type="text"/>		
Area	<input type="text"/>		
Taluka/Village/District/City	<input type="text"/>	Pin Code	<input type="text"/>
State	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
Name of the Bank	<input type="text"/>		
Branch	<input type="text"/>		
Account No.	<input type="text"/>	MICR Code	<input type="text"/>

Bank Details required for Electronic clearing cheque

### Vehicle Details

Registration No.	<input type="text"/>	Engine No	<input type="text"/>
Chassis No.	<input type="text"/>	Model	<input type="text"/>
Make	<input type="text"/>	Date of Registration	<input type="text"/>
Financiers incase if any	<input type="text"/>		

### Details of Accident

Date	<input type="text"/>	Time	<input type="text"/>
Place	<input type="text"/>		
Name of P. S.	<input type="text"/>	Police FIR No.	<input type="text"/>
Name of Garage	<input type="text"/>		
Estimate of Loss	<input type="text"/>	Garage Ph. No.	<input type="text"/>

No. of Persons Traveling at the time of Accident \_\_\_\_\_

Please narrate the accident (Do not state "Police Report attachment" or "as per policy report") (Please attach a separate sheet if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For what purpose was the vehicle being used at the time of accident ? \_\_\_\_\_

### Vehicle repair satisfaction voucher

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

I/ We hereby acknowledge having received from \_\_\_\_\_ garage my/our \_\_\_\_\_ Motor vehicle bearing Registration Number \_\_\_\_\_ Which has been repaired to my/our satisfaction and I/we admit that the payment of Rs. \_\_\_\_\_ on account of such repair by Reliance General Insurance Company Limited to the above garage is in full discharge of my/our claim upon the said company under policy No. \_\_\_\_\_ in respect of the damage caused to the above mentioned vehicle in an accident which occurred on \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

**Driver at time of Accident**

Name

Date of Birth  Licence No.

Licensing Authority  Valid Upto

Type of Vehicle authorised to Drive

Is the Driver  Owner  Paid Driver  Any Other Person  If any other person, Please specify \_\_\_\_\_

**Details Required only for commercial Vehicle**

Registered load carrying capacity  Load carried at time of Accident

G. R. date and No.  G. R. Issued by

Authorised Passenger Capacity  No. of Passanger carried at time of Accident

Permit No.  Permit Issuing Authority

Permit Valid upto  Permit Valid for (Area)

Permit Issuance Date  Fitness Granting Authority

Date of Last Fitness Exam.  Fitness Valid upto

**If there is a third party property damage or injury**

Type of T. P. Loss	Injury / Death / Property damage	Status of victim	Passanger / Dr. / Lab. / Third person
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Information required for theft, burglary claims**

Place of theft  Time Noticed  Date of theft

Police Station  FIR No.

Details of any other Insurance cover this vehicle

**Detail of any other Insurance covering this Vehicle**

Name of Insurance Company

Policy No.  Period of Insurance

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited.

Place \_\_\_\_\_ Signature of the Insured

Date \_\_\_\_\_

Registered Office: Reliance General Insurance Co. Ltd., 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 038, India  
Version No. 1.0, July 2006

**Registered & Corporate Office Address**

**Reliance General Insurance Co. Ltd.**

**Registered Office :** 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 038.

**Corporate Office :** 5th Floor, N. K. M. International House, 178, Backbay Reclamation, Babubhai Chinai Road, Mumbai - 400 020.

For further assistance call 3033 8282.