

## Intimation cum Preliminary Claim Form - Auto Policy



WITH YOU ALWAYS

Please keep the information handy before ringing up the 24 hours 7 days call center at  
**1-800-119966**

and later hand it over to our representative.

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY. (If any detail or information is not readily available, please do not delay despatch of this form and such unavailable particulars may be sent later).

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

Vehicle No. \_\_\_\_\_; Eng No. \_\_\_\_\_; Chassis No. \_\_\_\_\_

<b>DETAILS OF</b>	
<b>INSURED</b>	<b>CLAIMANT</b>
1. Name : _____	1. Name : _____
2. Address : _____ _____ _____	2. Address : _____ _____ _____
City _____ PIN _____	City _____ PIN _____
3. Telephones Office _____ Residence _____ Mobile (Cell) _____	3. Telephones Office _____ Residence _____ Mobile (Cell) _____

4. Date & Time of Accident / Occurrence : \_\_\_\_\_ Hrs. D D M M Y Y Y Y

5. Place of Accident / Occurrence \_\_\_\_\_

6. Type of Loss (details overleaf) \_\_\_\_\_  OWN DAMAGE  THIRD PARTY  Bodily Injury  Property Damage

7. Short description of Accident/Incidence (Sketch overleaf) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Details of Report to Police / Fire Brigade \_\_\_\_\_

9. Details of the driver at the subject time of accident.

• Name : \_\_\_\_\_ Age \_\_\_\_\_ Yrs. Occupation \_\_\_\_\_

• Driving License No. : \_\_\_\_\_

• Effective upto : \_\_\_\_\_

• Effective for (type of vehicle) : \_\_\_\_\_

10. Please enclose copies of Registration Certificate/Driving License/ Police Report, if lodged /Fire Brigade Report, if lodged.

### DECLARATION

I/We agree to provide additional information to the Company, if required. I/We the abovenamed, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and 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 policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.

Place \_\_\_\_\_

Date : D D M M Y Y Y Y

Signature of the Insured

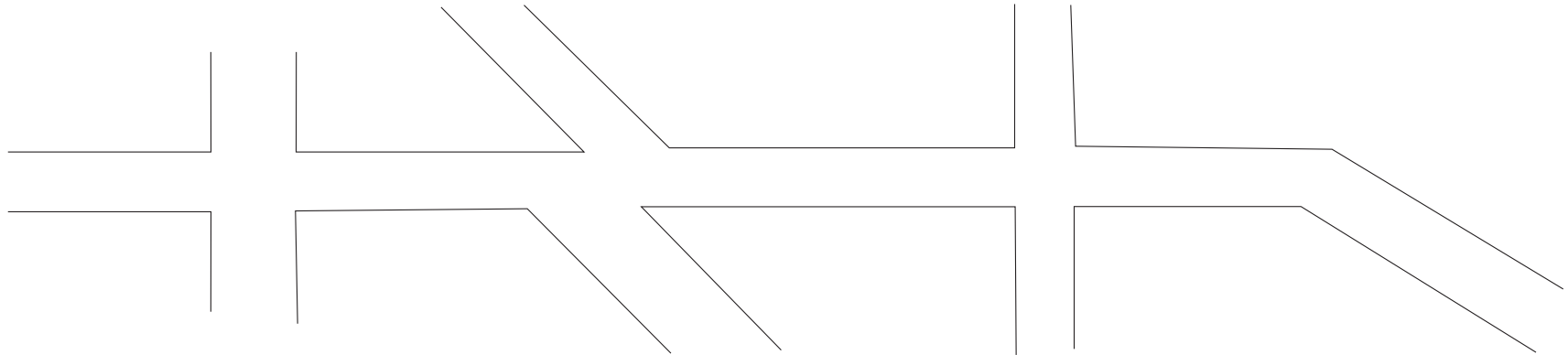
CLAIMS DEPARTMENT  
**Tata AIG General Insurance Company Ltd.**  
Regd. Office : Peninsula Corporate Park, Nicholas Piramal Tower,  
9th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.

**DETAILS OF DEATH/INJURY/PROPERTY DAMAGE TO THIRD PARTIES/OCCUPANTS/DRIVER**

S. No.	Name of Third Party/ Occupant/Driver	Address (Village/Town)	Contact No.	Type of Injury/ Damage	Name of the Hospital where admitted	Doctor Attending	Any Legal/Court Notice Recd.

N.B. Please attach additional sheet with full particulars, if needed.

**Show how the accident occurred by using this diagram**



**Give street names, direction and location of objects concerned**