

## MOTOR INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

## 1. Important Instructions

- Claim form is to be filled and signed by the Insured (Registered Owner) of the vehicle. Please do not leave any column unanswered.
- All facts and Statements must be factual and not concocted, false, influenced or biased in any form.
- The damaged vehicle must be parked at safe place to avoid any subsequent damage/loss. Bajaj Allianz General Insurance Company Ltd ["Company"] will not be responsible for the same
- Please read carefully the attached list of documents required for faster scrutiny and processing of your claim.

## 2. Policy Holder Details :

|                     |                      |                    |                      |                      |                      |
|---------------------|----------------------|--------------------|----------------------|----------------------|----------------------|
| CKYC No             | <input type="text"/> | PAN No.            | <input type="text"/> | DOB                  | <input type="text"/> |
| Voter ID            | <input type="text"/> | UID (Last 4 Digit) | <input type="text"/> |                      |                      |
| Policy Number       | <input type="text"/> |                    |                      |                      |                      |
| Name of the Insured | <input type="text"/> |                    |                      |                      |                      |
| Mobile Number       | <input type="text"/> |                    | Or                   | <input type="text"/> |                      |
| Address             | <input type="text"/> |                    |                      |                      |                      |
| City                | <input type="text"/> |                    | State                | <input type="text"/> |                      |
| Pin Code            | <input type="text"/> | Email ID           | <input type="text"/> |                      |                      |

☒ "I hereby give my/our consent to the Company to upload my KYC records on the Central KYC Registry portal in accordance with IRDAI's circular dated July 12, 2016. I also authorize the Company to verify my identity and address proof through CKYCR/GST/MCA/NSDL/UIDAI, or any other portals as required for the purpose of KYC verification."

## 3. Vehicle Loss Details (Accident \ Theft) : (Submission of RC Copy is mandatory)

|                         |                      |       |                 |                      |
|-------------------------|----------------------|-------|-----------------|----------------------|
| Vehicle Registration No | <input type="text"/> | OR    | Chassis Number  | <input type="text"/> |
| Accident date & time    | <input type="text"/> | AM/PM | No of Occupants | <input type="text"/> |
| Name of Police Station  | <input type="text"/> |       |                 |                      |
| Place of Accident       | <input type="text"/> |       |                 |                      |

## 4. Driver Details [Driver driving on the date and time when accident/theft took place for insured vehicle]: (Submission of MDL Copy is mandatory)

|                      |                      |                       |                                                                                                                                                                        |
|----------------------|----------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Driver Name (Mr/Ms.) | <input type="text"/> | Issuing RTO           | <input type="text"/>                                                                                                                                                   |
| Driving License No   | <input type="text"/> | Relation With Insured | <input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Paid Driver <input type="checkbox"/> Employee |
| Mobile Number        | <input type="text"/> |                       |                                                                                                                                                                        |

## 5. Statement to describe circumstances leading to an accident \ theft [please also specifically mention the location of accident/theft and purpose of travel when accident/theft took place]

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

6. Whether claim is under Add on endorsement and if Yes provide the details: ☐ Yes ☐ No7. Third party vehicle / Injury/occupant/passenger / Property Details which is involved in the accident to the claimant's vehicle : TP Involvement ☐ Yes ☐ No

| Sr. No | Description of Third Party Vehicle /Injury/ Occupants/passenger / Property | Address            | Contact No     | Identification           | Description of Injury / Property Damage |
|--------|----------------------------------------------------------------------------|--------------------|----------------|--------------------------|-----------------------------------------|
| E.g.   | Vehicle Make and Model \ Person                                            | Inspection Address | Contact Number | Vehicle Number\Person ID | Description of Injury / damage          |
|        |                                                                            |                    |                |                          |                                         |
|        |                                                                            |                    |                |                          |                                         |
|        |                                                                            |                    |                |                          |                                         |
|        |                                                                            |                    |                |                          |                                         |

## 8. Retaining of Salvage: Do you want to retain salvage? Yes No

## 9. Policy holder / Insured bank NEFT details for claims payment [and I hereby agree to submit the original cancelled cheque with my name imprinted on cheque for NEFT processing , if claim is admissible]:(Mere submission of documents or bank details or any other information does not in any way, impliedly or expressly or suggest admission of claim and or liability by the company.)

|                  |                      |              |                                                                                                        |
|------------------|----------------------|--------------|--------------------------------------------------------------------------------------------------------|
| Name on Bank A/c | <input type="text"/> | Branch       | <input type="text"/>                                                                                   |
| Bank Name        | <input type="text"/> | Account Type | <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit |
| Account Number   | <input type="text"/> | MICR Code    | <input type="text"/>                                                                                   |
| IFSC Code        | <input type="text"/> |              |                                                                                                        |

In support of bank details (Please tick the type of proof submitted) : ☐ Cancelled Cheque ☐ Bank passbook copy

## 10 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 agree that if I have made any false or fraudulent statement/declaration or there be any suppression or concealment, the policy even if issued, shall be void ab initio and cancelled with effect from risk inception date and the claim shall be forfeited.
- I/We have received a list of documents with this claim Form and have understood all the requirement to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above. Due to delay in claimant's submission of required information/documents, Company is at liberty to treat the claim as no claim and close this claim.
- My providing this claim form through electronic communication or through online website/interface with/to your Company shall be sufficient submission of claim form by me/us and my such submission of claim does not require my physical signature as I have verified this electronic claim form through one time password from my mobile number/through email ID and hence I shall not insist or raise any issue/object for your Company not taking/producing any physical claim form of me. My signing of the discharge voucher/submitted discharge voucher through electronic mode/SMS confirmation, may be construed as my acceptance of the claim amount in full and final settlement of the claim.
- I/We agree to provide additional information/documents to the Company, if required at the discretion of your company.

Name: 

Signature of Insured

Date

## List of Documents required for claim settlement

(To be submitted to the nearby Bajaj Allianz Office)

### For Accident Claim

- ☐ Duly filled and signed claim form.
- ☐ Proof of insurance - Policy / Covernote copy
- ☐ Copy of Registration Book, Tax Receipt [Please furnish original for verification]
- ☐ Copy of Motor Driving Licence [with original] of the person driving the vehicle at the material time
- ☐ Estimate for repairs from the repairer where the vehicle is to be repaired
- ☐ Police Panchanama/FIR ( In case of Third Party property damage /Death / Body Injury)
- ☐ Repair Bills and payment receipts after the job is completed
- ☐ AML / KYC documents as per guidelines.
- ☐ Claims Discharge Cum Satisfaction Voucher signed across a Revenue Stamp [format attached below]

Additional documents in case commercial vehicle

- ☐ Permit, Fitness and Load Challan ([with original] in case of Commercial Vehicle)

### For Theft Claim

- ☐ Duly filled and signed claim form.
- ☐ Original Policy document
- ☐ Original Registration Book / Certificate, Permit, Fitness Certificate, TaxCertificate & Load Challan.
- ☐ Police Panchnama / FIR
- ☐ Final Investigation Report from the magistrate's court under section 173 Cr. P C / Non Traceable Report.
- ☐ All the sets of Keys / Service Booklet / Warranty Card / Original purchase invoice
- ☐ Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE" of vehicle
- ☐ Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financier, as the case may be, undated and blank
- ☐ Letter of Undertaking, Subrogation & Discharge Voucher
- ☐ Consent towards agreed claim settlement value from yourself and Financier.
- ☐ NOC from the Financier if claim is to be settled in your favour.

Additional document in specific claims shall be intimated separately.

## Bajaj Allianz General Insurance Company Limited

### CLAIM DISCHARGE CUM SATISFACTION VOUCHER

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

Received from BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED the sum of Rs. \_\_\_\_\_

towards FULL & FINAL SETTLEMENT OF CLAIM under Policy Number \_\_\_\_\_ in respect of damage to / loss of

\_\_\_\_\_ on \_\_\_\_\_ I am fully satisfied with the Full & Final settlement with respect to my claim.

Rs. \_\_\_\_\_

Signature of Insured

Revenue  
Stamp

Phone Number / Address of Issuance office (Seal) \_\_\_\_\_