

## Motor Insurance - Claim Form

We would like to inform you that Bharti AXA General Insurance has merged with ICICI Lombard General Insurance. Enjoy our seamless services while exploring our enhanced offerings and diverse non-life insurance solutions.

### Important Note

Issuance of this form is not to be taken as an admission of liability. Please fill this form in **Block Letters** and **Tick the Boxes**  where appropriate and do not leave any column unanswered.

Policy Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
 Vehicle Number: \_\_\_\_\_ Chassis Number: \_\_\_\_\_ Engine Number: \_\_\_\_\_

### 1. Details of insured

Insured/Claimant Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Pin code \_\_\_\_\_ State \_\_\_\_\_  
 Contact Nos. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Office +91 \_\_\_\_\_  
 Residence +91 \_\_\_\_\_ E-mail ID \_\_\_\_\_

### 2. Loss details

Accident occurred on 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 at \_\_\_\_\_ Hrs. Place of Accident \_\_\_\_\_  
 Short Description of Accident \_\_\_\_\_

### 3. Details of driver at the time of accident

Name \_\_\_\_\_  
 Age 

--	--

 Sex:  Male  Female Occupation \_\_\_\_\_  
 Driving License No. \_\_\_\_\_ Valid upto 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

  
 Authorised to drive \_\_\_\_\_ Issuing Authority \_\_\_\_\_  
 Badge No. \_\_\_\_\_ Is Driver:  Owner  Paid Driver  Relative / Friend

### 4. Details of injury and police report

Police Report lodged  Yes  No  
 If yes FIR No. \_\_\_\_\_ P.S. \_\_\_\_\_  
 Death / Injury to any occupant / Third Party (others)  Yes  No Third Party Property Damage  Yes  No  
 Attach additional details in case of death and/or injury to Third Party / Occupants / Driver or damage to property.

### 5. Additional details in case of commercial vehicles

Permit No. \_\_\_\_\_ Valid upto 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Fitness Valid upto 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

  
 LR/GR No. \_\_\_\_\_ Number of Passengers carried \_\_\_\_\_  
 Nature of Goods carried \_\_\_\_\_

Do you wish to provide any other information?  Yes  No  
 If yes, Details ( if required you may please attach a separate sheet): \_\_\_\_\_

Please enclose legible copies of the following documents, duly attested by the insured:

1. Registration Certificate
2. Driving License (of the driver)
3. FIR if lodged
4. Fire Brigade Report if lodged.

In Case of Commercial Vehicle submit the following additional documents: 1. Permit 2. Fitness Certificate 3. LR / GR

### 6. Direct Fund Transfer/NEFT Mandate Form. Please enclose a cancelled Cheque leaf along with the Claim Form (Mandatory)

Bank Name: \_\_\_\_\_ Branch Name & Code: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ IFSC Code: \_\_\_\_\_ MICR code \_\_\_\_\_  
 Payee Account No.: \_\_\_\_\_ Name of Payee: \_\_\_\_\_  
 UPI address \_\_\_\_\_

### 7. Declaration

I/We agree to provide additional information to the Company, if required. I/We the above named, 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. I understand that the Company reserves the right of verification of facts and documents relating to the policy and claim.

#### Data Privacy Notice:

I/We hereby provide consent to the Company for collecting/retaining any information relating to Me/Us including Sensitive Personal Information ("hereinafter cumulatively referred to as "INFORMATION"), that is either available with the Company or disclosed by Me/Us while obtaining the policy of Insurance from the company or otherwise. I/We further understand that the Company may use the INFORMATION for servicing the Insurance policy obtained by Me/Us and for same may share the INFORMATION with any reinsurer, insurance association, medical authorities, other Insurers, statutory authorities, court, governmental body, regulator etc., or with services provider(s) engaged by the Company for servicing the Insurance policy, underwriting the risk, settlement of claim etc. without obtaining our specific consent for such sharing and we hereby provide our consent to Company for same.

I/We understand that whenever I/We would like to update/correct the INFORMATION, we will intimate the Company for the same, so as to enable the Company to amend/correct the INFORMATION accordingly. Further in the event I/We would like to withdraw My/Our consent provided herein, I/We would intimate the Company of the same in writing and also understand that, in the event of such withdrawal by Me/Us, the Company reserves the right to not provide Me/Us the Services for which it has sought the INFORMATION.

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Insurance is the subject matter of solicitation.

Signature of Insured