

## Claim Form

 Toll Free Number  
**1800-209-5846 (1800-209-LTIN)**

 Website  
**www.ltinsurance.com**

 SMS  
**'LTI' to 5607058 (56070LT)**

### GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. All details with\* are mandatory.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
3. Kindly contact the Company's Office or Agent for any doubts or clarifications on the claim form.

Claim No:

Period of Insurance:  To

Policy No/Cover Note No:

### POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title\* (Pls. Tick):  Ms.  Mrs.  Mr.

Name\*:

### Correspondence Address

Block/Flat No.\*:  Floor No.:  Building Name\*:

Street Name\*:  Locality:

Landmark\*:

City/Village\*:  Pincode\*:

Post Office:

Mobile No.\*:  Landline\*:

Fax No.:

Email ID 1\*:

Email ID 2:

### BANK DETAILS (Required for Electronic Fund Transfer)

Bank Name:

Branch:  Location:

Account No:  Account Type:

MICR Code:  IFSC Code:

### VEHICLE INFORMATION (Please provide identification details of your vehicle)

Registration No.:  Make\*:

Model:  Registration Date:

Engine No:  Chassis No:

Financers:

### DETAILS OF ACCIDENT

Date:  Time:  Place:

Name of Police Station:  FIR No.:

Name of Garage:  (Vehicle dismantling & repair should not start before assessment of loss by assessor)

**my:asset**

Private Car Package Policy

**my:asset**

Two Wheelers Package Policy

**my:jeevika**

Commercial & Miscellaneous  
Vehicles Package Policy

Estimate of Loss: Rs.

Garage Phone No:

No. of persons travelling in the vehicle at the time of accident:

Please narrate the accident (please attach additional sheet/s if required):  
.....  
.....

For what purpose was the vehicle being used at the time of accident:.....

**DRIVER DETAILS**

Name of Driver:

Date of Birth:  Licensing Authority:  License No:

License Valid Upto:  Type of Vehicle authorized to Drive:

Is the Driver (please tick):  Owner  Paid Driver  Any other person (please specify).....

**DETAILS REQUIRED FOR COMMERCIAL VEHICLES**

Registered load carrying capacity:  Load carried at the time of Accident:

G R Date and No:  G R Issued by:

Authorized Passenger Capacity:  No. of Passengers at the time of accident:

Permit No.:  Permit Issuing Authority:

Permit Valid up to:  Permit Valid For (Area):

Permit Issuance Date:  Fitness Granting Authority:

Date of Last Fitness Exam:  Fitness Valid Up to:

**IF THERE IS A THIRD PARTY (TP) DAMAGE OR INJURY**

Type of TP Loss	Injury/Death/Property Damage	Status of Victim	Passenger/Driver/Third Person

**INFORMATION REQUIRED FOR THEFT BURGLARY CLAIMS**

Place of Theft:  Time Noticed:  Date of Theft:

Police Station:  FIR No:

**DETAILS OF ANY OTHER INSURANCE COVERING THIS VEHICLE**

Name of Insurance Company:

Insurance Policy No.:  Period of Insurance:  To

**DECLARATION**

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

I/We authorize L&T General Insurance Company Limited to share my/our contact information like name, company name, address, phone number and e-mail id etc. relating to me / us, with their affiliate/group companies and also for communicating any promotional marketing offers and other transactional / features / products / services of L&T General Insurance Company Limited and its affiliate group companies via  SMS  Telephone

Place: .....

Date: .....

Signature of Insured