

MOTOR INSURANCE - CLAIM FORM

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

Please ensure that this form is completed (IN CAPITAL LETTERS) in all respects. Please attach additional sheets(s), if required, to answer a question with more detail and mention the serial number of the question.

Date of issue :	<input type="checkbox"/> Original Registration Certificate	<input type="checkbox"/> Estimate of Repairs
Claim No :	<input type="checkbox"/> Original Driving License	<input type="checkbox"/>
	<input type="checkbox"/> Police First Information Report	<input type="checkbox"/>

1. POLICY NO. / COVER NOTE NO. : Period : From to

2. NAME & ADDRESS OF THE INSURED

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 Occupation :
 Pin : Phone : Office : Extn.: Residence : Mobile :
 Fax : E-mail : DOB & Age of the insured :

3. VEHICLE DETAILS

a. Registration No. : b. Make : c. Model :
 d. Engine No. : e. Chassis No. :
 f. Financier's interest if any : g. Date of (First) Regn. : h. Date of Re-Regn. :

4. ACCIDENT DETAILS

a. Date & Time of Accident at a.m./p.m. b. Place of Accident :
 c. Location : ☐ Within City Limits ☐ Sub Urban ☐ Village / Rural ☐ Highway ☐ Ghat Section ☐ Others
 d. Please Narrate the accident. (Do not state "Police Report attached" or "as per police report")

e. For what purpose was the vehicle being used at the time of accident
 f. Nature and weight of goods carried at the time of accident ? (Applicable for Goods Vehicle)
 g. Number of People travelling in the vehicle and in what capacity ?
 h. Was the accident reported to the Police ? ☐ Yes ☐ No If yes, which Police Station
 I. General Diary / Crime Number

5. DRIVER DETAILS

Name of the Driver : Date of Birth : Age :
 Driving Licence No. : Expiry Date :
 Name / Location of the Issuing Authority :
 Type of the Vehicle authorised to drive :
 Is the driver owner ☐ Paid Driver ☐ Any other person ☐ If any other person. please specify
 Whether insured possessing a driving licence?
 If yes, in which year the licence has been obtained?

6. DAMAGE TO VEHICLE : (Please do not dismantle the vehicle till it is subject to a detailed survey)

When & Where the vehicle can be inspected ? :
 Phone : Mobile :

7. INJURY / DEATH DETAILS

Occupants of the Insured Vehicle :

Sl. No.	Name & Address with phone Number	Age	Male / Female	In What Capacity* he/she travelled	Nature of Injury etc.
1.					
2.					
3.					
4.					
5.					

*Driver/Friend / Relative / Employee / Passenger / Others

8. A. THIRD PARTY INJURY / DEATH

Sl. No.	Name & Address with phone number	Age	Male / Female	In What Capacity* he/she travelled	Nature of Injury etc.

Has notice of a third party claim been given to you ? Yes ☐ No ☐ If Yes, please enclose with this form

Detail of witnesses to the accident. Please specify detail

b. THIRD PARTY PROPERTY DAMAGE DETAILS : (Including details of other vehicle, if any involved)

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9. THEFT

a. Date & Time of theft on at a.m./p.m

b. Place of theft :

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c. Address of the police station to which it was reported FIR No.

d. State the circumstances in which the theft occurred :

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10. OTHER INSURANCE DETAILS :

a. Is there any other insurance policy indemnifying you in respect of this accident ? If yes, please give details :

b. If any claim lodged in the previous policy, if yes, please provide the previous policy No

No of claims and claim amount Rs. :

ADD-ON COVER CLAIM FORM

11. FACILITIES IN LIEU OF SPARE CAR CLAUSE

Rental / Spare car claiming Date: From : To :

No. of Days Claimed (Max. No. of Days 15): Amount Rs.:

Option as per the policy : Automatic Renewal Premium ☐ Coupon ☐ Cash ☐

12. DEPRECIATION WAIVER CLAUSE

Whether this cover opted in the policy : Yes ☐ No ☐

13. LOSS OF BAGGAGE CLAUSE

Whether Baggage lost or damaged in the Vehicle :

Details of Baggage lost damaged and the content in the baggage

Sl. No.	Type of Contents	Quantity	Approximate Value	Remark

Whether this cover opted in the policy : Yes ☐ No ☐

14. WINDSHIELD GLASS CLAUSE

Whether damage only to Windshield glass: Yes ☐ No ☐

If, Yes Front ☐ Rear ☐ Both ☐

Whether this cover opted in the policy : Yes ☐ No ☐

Whether any claim made earlier under this policy for windshield glass Only: Yes ☐ No ☐

15. LIFE-TIME ROAD TAX CLAUSE

Life Tax paid amount as per RC Book: Rs.

Tax Receipt available : Yes ☐ No ☐

Whether this cover opted in the policy : Yes ☐ No ☐

16. FULL INVOICE PRICE INSURANCE CLAUSE

Value of the vehicle as per the Invoice : Rs.

Whether this cover opted in the policy : Yes ☐ No ☐

I declare that to the best of my knowledge and belief these particulars are full and true. I agree to provide any further information or documents or assistance that may be required for processing my / our claim.

Date :

Signature of the Insured with Date

(Please detach the claims procedure cum contact list from this form for your future reference.)