



MOTOR CLAIM FORM - TWO WHEELER / PRIVATE CAR

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

Instructions for filling the form:

(a) Complete all relevant details fully. (b) Where boxes are provided enter one letter per box. (c) Where check boxes are provided indicate selection using a tick mark.

CLAIM NUMBER (For official use only)

POLICY NUMBER

INSURED NAME

INSURED ADDRESS Pincode Mobile STD Code Landline E-Mail

VEHICLE DETAILS Registration Number Chassis Number Engine Number Make Model Hypothecation Details

DATE & PLACE OF LOSS Date of loss Place of Accident / Theft

DRIVER DETAILS Driver Name Driver Address Driving Licence Number Licence Expiry Date Issuing RTA Was driver under influence of drugs / intoxicants Was driver injured

ACCIDENT DETAILS Provide brief description of accident / theft / occurrence. Two Wheeler (Additional Info) Pillion rider carried Private Car / Two Wheeler No. of Occupants carried

WORKSHOP DETAILS Address of Workshop Workshop Contact Estimated Loss Workshop Mobile Workshop Phone Workshop Fax Workshop E-mail

THEFT DETAILS Theft of vehicle Theft of accessories Accessory Name Make & Brand Serial Number Accessory Insured Accessory IDV

FIR DETAILS Accident / Theft reported to police Date of reporting to police Name of police station FIR / Crime diary number

THIRD PARTY LOSS DETAILS Third party involved Third party loss type Driver Injured Details of Third party loss Witness Details

ADD ON COVERS Courtesy car facility availed Medical expenses required Loss of personal effects

INSURED BANK DETAILS Account number Bank Name Branch Name IFSC Code Number

DECLARATION BY INSURED 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 I / We agree that 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. Date: Place: Signature of Insured / Claimant