

# MOTOR INSURANCE CLAIM FORM

ISSUE OF THIS FORM DOES NOT IMPLY ACCEPTANCE OF LIABILITY.

PLEASE GIVE ALL THE DETAILS ASKED FOR IN THE CLAIM FORM. CLAIM FORM TO BE FILLED IN AND SIGNED BY THE INSURED ONLY.



Policy No \_\_\_\_\_ Claim No \_\_\_\_\_ (For office use only)

Vehicle No \_\_\_\_\_ Engine No \_\_\_\_\_ Chassis No \_\_\_\_\_

## 1) INSURED DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile No. \_\_\_\_\_ E-Mail Id \_\_\_\_\_

Details of other existing Insurance policy (ies) in respect of this accident \_\_\_\_\_

## 2) LOSS DETAILS

Date & Time of Accident/ Occurrence \_\_\_\_\_ Place of Loss \_\_\_\_\_

Type of Loss:  Damage  Theft  Third Party Estimated Cost of Repairs \_\_\_\_\_

Short Description of Accident/ Incident \_\_\_\_\_

\_\_\_\_\_

## 3) DRIVER DETAILS

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

Is Driver:  Owner  Paid Driver  Relative/Friend

Driving License No \_\_\_\_\_ Valid up to \_\_\_\_\_

Authorised to drive \_\_\_\_\_ Issuing Authority \_\_\_\_\_

## 4) ADDITIONAL DETAILS IN CASE OF COMMERCIAL VEHICLES

Permit No. \_\_\_\_\_ Valid Up to \_\_\_\_\_ Issuing Authority \_\_\_\_\_

Fitness Certificate Valid Up to \_\_\_\_\_ No. of fare paying Passengers carried \_\_\_\_\_

Weight and Nature of Goods Carried \_\_\_\_\_ GR/LR No. \_\_\_\_\_

## 5) INJURY/DEATH DETAILS & POLICE REPORT

Police Report Lodged:  Yes  No, If yes, FIR/GD No. \_\_\_\_\_ Police Station Name \_\_\_\_\_

Death/Injury to any occupant / Third Party (others) and/or Third Party Property Damage:  Yes  No

Details in case of Death and/or Injury to Third Party/Occupants/Driver or damage to property: \_\_\_\_\_

## 6) DECLARATION

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 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 right to recover there-under 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 policy and the claim.

Date \_\_\_\_\_ Place \_\_\_\_\_ Signature of the Insured \_\_\_\_\_

**N.B. Please attach a photocopy of your blank / cancelled cheque for NEFT purpose.**