

# Claim Form for Motor Vehicle

Claim form to be filled in CAPITAL LETTERS and signed by owner (Issuance of this form is not to be taken as an admission of liability.)

## INFORMATION ABOUT INSURED

Policy No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Name: \_\_\_\_\_

Correspondence Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_ Pincode: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

PAN: \_\_\_\_\_ Aadhaar: \_\_\_\_\_ CKYC No.: \_\_\_\_\_

## INFORMATION ABOUT INSURED VEHICLE

Registration No.: \_\_\_\_\_ Chassis No.: \_\_\_\_\_

Hypothecation / Vehicle Loan ☐ Yes ☐ No

## DETAILS ABOUT THE DRIVER (At the material time of accident)

Name: \_\_\_\_\_

Driver is ☐ Owner ☐ Paid driver ☐ Relative / Friend Contact No.: \_\_\_\_\_

Driving License Number: \_\_\_\_\_

## DETAILS OF ACCIDENT / THEFT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_ am / pm Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Number of persons travelling: \_\_\_\_\_

Give brief description of the accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was any third party responsible / liable for the accident / theft? ☐ Yes ☐ No

If yes, please provide a copy of FIR Details (FIR number) \_\_\_\_\_

Do you wish to provide any other information? ☐ Yes ☐ No If yes, you may please attach a separate sheet.

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

☐ Registration certificate ☐ Driving license (of the driver) ☐ FIR if lodged ☐ Fire Brigade Report if lodged ☐ Cancelled cheque

Incase of commercial vehicle submit the following additional documents:

☐ Permit ☐ Fitness certificate ☐ LR/GR ☐ Road Tax Receipt

**Note:** In case we need additional documents, we will intimate you as and when required. Original documents should be produced for verification. Seal will be required for company-owned vehicles.

I/We hereby agree, affirm and declare that :

1. The statements/information given/stated by me, us in this claim form are true, corrected and complete.
2. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (for the same/similar claim) has made or lodged with any other insurance company.
3. No material information, which is relevant to the processing of the claim, which in any manner has a bearing on the claim, has been withheld or not disclosed.
4. If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose all information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.
5. The receipt of this claim form / other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.
6. I/We will not take input credit of the service tax paid by Acko General Insurance Ltd. in settlement of this motor insurance claim.

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

Date: \_\_\_\_\_ Signature / Thumb Impression of the Insured

SATISFACTION NOTE

(where payment is being made to the repairer)

Claim No.: Vehicle No.:

Policy No.:

I am happy and satisfied with the repair work carried out by M/s. \_\_\_\_\_ against said claim number. Hence, I request you to pay the claim liability amount of INR \_\_\_\_\_ as full and final settlement to the repairer and discharge Acko General Insurance Limited of all further liabilities arising out of this claim.

Date:

Name and Signature of Insured / Claimant  
(Seal and signature in case Insured is a firm)

DISCHARGE VOUCHER

Claim No.: Vehicle No.:

I/We hereby acknowledge having received a sum of INR. \_\_\_\_\_, from Acko General Insurance Ltd. towards full and final settlement of my/our claim under the Policy No. \_\_\_\_\_. Hence, I discharge Acko General Insurance Limited of all further liabilities arising out of the said claim.

Date:

Name and Signature of Insured / Claimant  
(Seal and signature in case Insured is a firm)