

Vehicle Insurance Claim Form

For claim intimation please call on our Toll Free Number 18002664545

GUIDELINES FOR COMPLETION OF THE FORM

1. Claim form is to be filled in BOLD AND BLACK INK; filled & signed by the Insured. Fields marked * are MANDATORY
2. Please do not leave any column unanswered
3. Please provide complete information in respect to all details sought under this claim and ensure that all details are completed truthfully and accurately
4. All facts and statements must be factual not influenced or biased in any form.
5. Please read carefully the attached list of documents required to speed up processing of your claim.
6. The issue of this form is not to be taken as an admission of the Company's liability

TYPE OF LOSS

Loss Type* Own Damage Third Party Personal Accident

INSURED DETAIL'S

Policy / Cover Note No.*	<input type="text"/>		Claim No.	<input type="text"/>			
Name*	<input type="text"/>	First Name	Middle Name	Last Name			
Permanent Address*	<input type="text"/>						
Address (Line 1)	<input type="text"/>						
Address (Line 2)	<input type="text"/>						
City / District	<input type="text"/>	State	<input type="text"/>	Pin Code	<input type="text"/>	Country	<input type="text"/>
Mobile*	<input type="text"/>	Email*	<input type="text"/>				

INSURED VEHICLE DETAILS

Date of Registration*	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Registration Number*	<input type="text"/>	Engine Number*	<input type="text"/>	
Chassis Number*	<input type="text"/>		Make of Vehicle*	<input type="text"/>	Model*	<input type="text"/>
Odometer Reading	<input type="text"/>	Kms.				

DETAILS ABOUT THE DRIVER / RIDER (at the time of accident)*

Name*	<input type="text"/>				
	First Name	Middle Name	Last Name		
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other		
Driving license number*	<input type="text"/>				
License Date of expiry*	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	License Issuing authority*	<input type="text"/>		
Was the license temporary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Relation with Insured	<input type="text"/>	
If paid driver, how long has he been in your employment?	<input type="text"/>		yrs.		
Was he under the influence of intoxicating liquor or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Details of endorsements, suspension if any	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				

DETAILS OF ACCIDENT

Date D D M M Y Y Y Y Time H H M M A.M / P.M Speed of Vehicle Kmph No. of Occupants / Pillion rider

Exact Location of Accident (Address / Spot of Accident with landmark)

Give brief description of the accident

Was accident reported to Police Yes No If not, reasons

If yes furnish the details: Name of the Police station FIR No. / CR Diary Number

FOR COMMERCIAL VEHICLE

Permit valid upto Load carried at time of Accident Fitness Valid upto

DETAILS OF GARAGE

Garage Name Garage Phone Number

Garage Contact Person and Address

OCCUPANT / PASSENGER / THIRD PARTY INJURY DETAILS

Sr. No.	Name	Address	Phone No.	Capacity	Nature of Injury
1.					
2.					
3.					
4.					
5.					
6.					

PARTIAL / TOTAL THEFT

Brief description of third party property damage (include other vehicle involved)

Date D D M M Y Y Y Y Time H H M M A.M / P.M Place of Theft

Circumstances relating to theft Items stolen (for partial theft)

Estimated cost of replacement (for partial theft claims) ₹

By whom discovered and reported

Has theft been reported to Police Yes No If yes, provide the details

When (date & Time) D D M M Y Y Y Y H H M M A.M / P.M Name of the Police station

FIR No. / CR Diary Number Name of attending inspector

CONSENT FOR FUND TRANSFER FOR CLAIM PAYMENT (for reimbursement claims)

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and or claims directly to your bank accounts. Please select any one of the below options as applicable.

Bank details as per premium cheque to be used for electronic fund transfer.

Cancelled Cheque submitted of other bank.

Particulars of bank account: Bank Name

Account Number IFSC / MICR Code

Account Holder Name

Disclaimer: Kotak Mahindra General Insurance Company Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete.

DECLARATION

I/We hereby declare that the statements made by me / us in this Claim Form are true to the best of my / our knowledge and belief.

Date*

Place

Signature / Thumb Impression of the Insured

DOCUMENTS REQUIRED

For Accident Claims	For Theft Claims	For Third Party Claims
<input type="checkbox"/> Claim Form Duly Signed*	<input type="checkbox"/> Claim Form Duly Signed*	<input type="checkbox"/> Claim Form Duly Signed*
<input type="checkbox"/> R. C. **Copy of the Vehicle	<input type="checkbox"/> R. C. **Copy of the Vehicle	<input type="checkbox"/> R. C. **Copy of the Vehicle
<input type="checkbox"/> Driving License Copy**	<input type="checkbox"/> Driving License Copy**	<input type="checkbox"/> Driving License Copy**
<input type="checkbox"/> Policy Copy - (First 2 Pages only)	<input type="checkbox"/> Policy Copy - (First 2 Pages only)	<input type="checkbox"/> Policy Copy - (First 2 Pages only)
<input type="checkbox"/> FIR Copy	<input type="checkbox"/> FIR Copy, Untrace Report, Dumping Yard Certificate	<input type="checkbox"/> FIR Copy
<input type="checkbox"/> Estimate of Repairs	<input type="checkbox"/> NOC from Finance Company (If Hypothecated)	<input type="checkbox"/> MACT / Legal Notice
<input type="checkbox"/> Original Repair Invoice, Payment Receipt	<input type="checkbox"/> Letter of Indemnity and Subrogation*	<input type="checkbox"/> Documents as required by AML
<input type="checkbox"/> Letter of Indemnity and Subrogation*	<input type="checkbox"/> Documents as required by AML Guide Line	
<input type="checkbox"/> Documents as required by AML Guide Line	<input type="checkbox"/> KYC	
<input type="checkbox"/> KYC	<input type="checkbox"/> Previous Insurance Details	
For Commercial Vehicle:	<input type="checkbox"/> Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON - USE"	
<input type="checkbox"/> Certificate of Fitness	<input type="checkbox"/> Form 28, 29 , 30 signed by the insured and form 35 signed by the financer, as the case maybe undated and blank	
<input type="checkbox"/> Copy of Permit	<input type="checkbox"/> Consent towards agreed claim settlement value from you and financer	
	<input type="checkbox"/> Blank and Undated "Vakalatnama"	
For Personal Accident Claims	For Accidental Death Claim:	
<input type="checkbox"/> Claim Form Duly Signed*	<input type="checkbox"/> Original Death Certificate	
<input type="checkbox"/> R. C. **Copy of the Vehicle	<input type="checkbox"/> Death Summary issued by Hospital	
<input type="checkbox"/> Driving License Copy**	<input type="checkbox"/> Post Mortem Report (if conducted)	
<input type="checkbox"/> Policy Copy - (First 2 Pages only)	<input type="checkbox"/> Identity proof of Nominee or Original Succession Certificate / Original Legal Heir Certificate	
<input type="checkbox"/> FIR Copy / Panchnama / Policy inquest report duly attested by police station		
<input type="checkbox"/> Copy of Medico Legal Certificate duly attested by the concerned Hospital		
<input type="checkbox"/> Documents as required by AML Guide Line		
<input type="checkbox"/> KYC		
For Disablement Claim:		
<input type="checkbox"/> Treating Medical Practitioner's certificate describing the disablement; **		
<input type="checkbox"/> Discharge summary from the Hospital **		
<input type="checkbox"/> Photograph of the Insured Person reflecting the disablement		
<input type="checkbox"/> Prescriptions and consultation papers of the treatment;		
<input type="checkbox"/> Disability certificate issued by treating Medical Practitioner.		
<input type="checkbox"/> Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable		

*Stamp required in case of company **Original Documents to be produced for verification.

Claim No.

VEHICLE REPAIR SATISFACTION VOUCHER (for cashless settlement)

I / We hereby acknowledge having received from _____ garage my / our vehicle _____ Make & Model _____ bearing Registration Number _____ Which has been repaired to my/our satisfaction and I/we admit that the payment of ₹ _____ on account of such repair by Kotak Mahindra General Insurance Company Limited to the above garage is in full discharge of my / our claim upon the said company under Policy No._____ in respect of the damage caused to the above mentioned vehicle in an accident which occurred on_____.

Date* Place

Signature / Thumb Impression of the Insured

Claim Discharge voucher (#) (for reimbursement claims)Claims No. Date of Loss

I / We hereby acknowledge having received from _____ garage my / our vehicle _____ Make & Model _____ bearing Registration Number _____ Which has been repaired to my/our satisfaction and I/we admit that the payment of ₹ _____ on account of such repair by Kotak Mahindra General Insurance Company Limited to the above garage is in full discharge of my / our claim upon the said company under Policy No._____ in respect of the damage caused to the above mentioned vehicle in an accident which occurred on_____.

Policy No. Date*

Signature / Thumb Impression of the Insured

(#)Claim Discharge Voucher is applicable only if required.

Kotak Two Wheeler Secure UIN: IRDAN152RP0010V01201516; Liability only (Private Car) UIN: IRDAN152RP0001V01201516; Liability Only (Two Wheeler) UIN: IRDAN152RP0002V01201516;
Liability Only (GCV) UIN: IRDAN152RP0003V01201516; Liability Only (PCV) UIN: IRDAN152RP0004V01201516; Liability Only (Misc D) UIN: IRDAN152RP0005V01201516;
Kotak Corporate Vehicle Secure UIN: IRDAN152RP0001V01201617; Kotak Long Term Two Wheeler Secure - Liability Only UIN: KMG-MTP17-41-V01-16-17; Kotak Car Secure UIN: IRDAN152RP0006V02201516;
Kotak Commercial Vehicle Secure (Misc D) UIN: IRDAN152RP0007V02201516; Kotak Commercial Vehicle Secure (Goods Carrying Vehicle) UIN: IRDAN152RP0008V02201516;
Kotak Commercial Vehicle Secure (Passenger Carrying Vehicle) UIN: IRDAN152RP0009V02201516; Kotak Long Term Two Wheeler Secure UIN: IRDAN152RP0008V02201617;
Liability Only (Private Car) - 3 years UIN: IRDAN152RP0006V02201819; Kotak Long Term Two Wheeler Secure (Liability Only) - 5 years UIN: IRDAN152RP0007V02201819;
Kotak Car Secure - 3 Years UIN: IRDAN152RP0008V01201819; Kotak Long Term Two Wheeler Secure - 5 Years UIN: IRDAN152RP0009V01201819; Kotak Car Secure - Bundled UIN: IRDAN152RP0010V02201819;
Kotak Long Term Two Wheeler Secure - Bundled UIN: IRDAN152RP0011V01201819; Kotak Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies UIN: IRDAN152RP0038V02201819;
Kotak Car Secure - OD Only UIN: IRDAN152RP0012V01201920; Kotak Two Wheeler Protect - OD Only UIN: IRDAN152RP0013V01201920

Kotak Mahindra General Insurance Company Ltd. (Formerly Kotak Mahindra General Insurance Ltd.)CIN: U66000MH2014PLC260291. **Registered Office:** 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai – 400051. Maharashtra, India.**Office:** 8th Floor, Zone IV, Kotak Infiniti, Bldg. 21, Infinity IT Park, Off VEH, Gen. AK Vaidya Marg, Dindoshi, Malad (E), Mumbai – 400097. India.

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