



General Insurance Company Ltd.

Registered Office: 4th Floor, Park Center Building, 24 Park Street, Kolkata - 700 016 | www.magma-hdi.co.in  
IRDAI REG NO.-149 DATED: 22ND MAY 2012 | CIN NO.- U66000WB2009PLC136327

**Toll Free No. 18002663202**

**Motor Insurance Claim Form**

To be filled and signed by the owner of the motor vehicle. Issuance of this form is not to be taken as admission of liability by the insurance company. Please fill this form in block letters and tick (✓) the boxes where appropriate. Please take due care to fill all the columns. Please submit the duly filled claim form along with requisite documents to the company at the time of survey.

Policy / Cover Note No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Vehicle No.: \_\_\_\_\_ Chassis No.: \_\_\_\_\_ Engine No.: \_\_\_\_\_

Date of Registration: \_\_\_\_\_ Kms: \_\_\_\_\_

**Details Of Insured / Claimant**

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

Correspondence Address: \_\_\_\_\_

City: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_

Mobile No.: +91 \_\_\_\_\_ Residence No.: +91 \_\_\_\_\_ Office No.: +91 \_\_\_\_\_

Email ID.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ PAN (Mandatory) \_\_\_\_\_ Aadhaar No.: (Mandatory) \_\_\_\_\_

Occupation       Service       Marketing       Non Marketing       Business       Other \_\_\_\_\_

How many vehicle do you have       1       2       >2

Average Kms run in year       <5000       5000-10000       10000-20000       >20000

**Loss Details (Details of the Accident)**

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

Description Of Accident: \_\_\_\_\_

Use the box below to show how the accident took place. Give exact street names, direction of vehicles involved and location of people/objects involved

Number of Occupants/Co-passengers at the time of accident (including vehicle driver): \_\_\_\_\_

For what purpose was the vehicle used at the time of accident? Hire & Reward/Commercial  Social/Domestic/Pleasure

**Details Of Driver At The Time of Accident**

Name: \_\_\_\_\_ Age:   Contact No.: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Relationship with the insured: Owner  Paid driver  Relative/Friend

Driving License No.: \_\_\_\_\_ License type: Permanent  Learner's license:

Valid upto:  DDMMYY  DDMMYY Authorised to drive: \_\_\_\_\_ Badge No.: \_\_\_\_\_

**Partial / Total Vehicle Theft**

Vehicle Stolen  Parts Stolen  When was it noticed:  DDMMYY  DDMMYY

All keys of the vehicle in the possession of, Name: \_\_\_\_\_ ; Contact No: \_\_\_\_\_  
(In case of vehicle theft please report the incident to the police authorities immediately)

