

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered and Head Office: Dare House, 2nd Floor, No.2, N.S.C. Bose Road, Chennai-600 001

Tel: 91-44-3044-5400 Fax: 91-44-4044 5550 Toll Free: 1800 208 55 44 Cholainsurance.com

Email: customercare@cholams.murugappa.com (IRDA Regn. No. 123) CIN: U66030TN2001PLC047977


MOTOR INSURANCE CLAIM FORM (CUM DISCHARGE VOUCHER)
 (The issuance of this form does not imply admission of liability)

OD	Yes / No
Theft	Yes / No

Insurance Details

Policy No:		Claim No:		Region				
Policy Period	From	To						
If TP Policy is from different company pls specify:-		TP Insurer Name:						
Policy Period	From	To	Previous claim reported: Yes / No					

Insured Details

Name:									
Date of Birth		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others	Firm / Institution
Occupation:		Aadhar No:					PAN No:		
Mobile:			Email ID:						
Tel. No(R):			Tel. No(O):						

Communication Address

Door/Flat No		Building No/Name:						
Street Name:		Land Mark:						
Sub Area/Village:		Area/Tehsil						
City:	District:	Pin:	State:					

Vehicle Details

Regn No:	Date of Regn:	Date/Year of Purchase:						
Engine No:		Make:						
Chassis No:		Model:						
Fitness valid upto:		Permit valid upto:						
Financier:		Odometer reading:						

Loss Details: (Please do not dismantle the vehicle until the survey is completed)

Date of Loss:	Time of Loss:	AM/PM	Date of Intimation:					
Place of Loss:		State:						
Travelling	from	To:						

In case if there is a delay in intimation above 72 hrs of loss, specify the actual reasons for delay:

No of Person travelling in the vehicle: Occupants Passengers:

For what purpose was the vehicle being used at the time of Accident:

Nature and Weight of the Goods Carried(for Goods Carrying Vehicles):

Was the Accident/Theft Reported to Police Yes/No If yes: Dt of complaint /FIR/ GD entry:

Name of the Police Station: CR /FIR No:

Details of Injury to Third Party/Occupants/Driver & property damage details (Provide details in separate sheet)

Description of the Accident/Theft:

Garage / Repairer / Dealer Details

Garage Name:	Phone No:
Estimated Loss:	Date & time of vehicle left to Garage:
In case if the vehicle not shifted to garage, please furnish the details:	

Driver Details:

Name of the Driver:	Date of Birth and Age:
Driving License No:	Date of Issue:
Name & Location of the Issuing Authority:	Date of Expiry:
Type of Vehicle Authorised to Drive:	Motor Cycle / LMV / Transport/ 3W/ Misc-D / Tractor
Whether the Driver is: Owner / Driver / Relative / Friend	Specify:

Other Insurance Details:

Is there any other insurance policy indemnifying you in respect of this accident/theft:	Yes / No
If yes, pls specify the Policy No:	Name of the Company/Office:

NEFT Details:

I/we hereby authorize Cholamandalam MS General Insurance Co Ltd to transfer the claim amount payable under above Claim No. to my (savings / Current) bank account.			
Bank account No:	AC Type: SB / Current	MICR Code	
Branch, Located at		IFSC Code	

Declaration

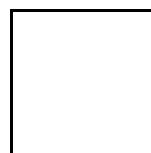
I/We hereby declare that the above particulars are true and correct in each and every aspect. I agree to provide any further information/documents/assistance that may be required for processing my/our claims.

Signature of the Insured (With Seal in case of Firm/Corporate/Institution)	
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List of Documents required for settlement - Pls refer our Chola MS website for details of documents required for Motor OD / Theft claim . (To be submitted to the nearby Cholamandalam MS office / Surveyor / Repairer)

Discharge Voucher (This receipt duly stamped and signed)

Received a sum of Rs. _____ towards full and final settlement of the claim no _____. The liability has been explained to me.



Rs.....

Witness.....

Affix Rs.1/-
Revenue Stamp

Signature of Insured (with Seal if corporate/company)

For assistance Pls Call us at our Toll Free No: 1800 208 55 44