

Claim Form

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

- a. The claim form is to be duly filled and signed by the insured.
- b. All facts and statements must be factual not influenced or biased in any favour.
- c. The damaged vehicle shall not be left unattended without proper precaution being taken to prevent further damage.

Policy No: _____

Vehicle Number: _____

Claim Number: _____

1. Insured Details

Name: _____

Address: _____

State: _____ City: _____ Pincode: _____

Mobile: _____ Landline: _____ Email: _____

*Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in above mentioned policy.

Name (As per Bank Account) _____

Bank Details - Bank Name _____ Branch _____

Type of A/c _____ A/c No. _____ PAN No. _____

IFSC Code _____ MICR _____ Aadhar No. _____

2. Loss Details

Date & Time of Accident

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

H	H	S	S
---	---	---	---

 am/pm

Place of Accident: _____

Types of Loss: Own Damage Theft *Third Party

Short Description of Accident: _____

Police Report Details, if any: _____

3. Driver Details at the time of Accident

Name: _____ Age: _____

Driver License No. _____ Name of RTO _____ Learners Licens Yes No

Co passenger details: _____

4. Applicable for Commercial Vehicle

No. of Passengers carried at the time of Accident _____ G R Number & Date _____

Permit No. _____ Permit Issuing Authority _____

Permit Valid up to _____ Permit valid for (Area) _____

Fitness Granting Authority _____ Fitness valid up to _____

5. Applicable for third party property damage or injury

Name of Third Party/Occupants/Driver/Property	Contact No	Type of Injury/Property Damage	Name of the Hospital where admitted	Any Legal/Court Notice Received

6. I hereby declare having submitted the following documents

<input type="checkbox"/> Copy of Policy/Cover Note	<input type="checkbox"/> Copy of RC Book	<input type="checkbox"/> Copy of Driving License	<input type="checkbox"/> Estimate of Repairs
<input type="checkbox"/> Copy of Fitness Certificate	<input type="checkbox"/> Copy of Permit	<input type="checkbox"/> Copy of FIR	<input type="checkbox"/> G. R. Form

DECLARATION:

I/We agree to provide additional information to the company, if required. I/We the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and 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 rights to recover there under in respect of past or future accident shall be forfeited.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Insured Signature



Claim Form

List of Documents Required

- ▶ Claim Intimation
- ▶ Policy Copy
- ▶ Claim form
- ▶ Copy of RC book
- ▶ Copy of Driving License
- ▶ Estimate
- ▶ Final repair invoice and receipt / Satisfaction voucher for cashless payment

Addition Documents For Commercial Vehicle

- ▶ Fitness Certificate
- ▶ Copy of FIR
- ▶ Permit
- ▶ Load Challan

Theft Claims

- ▶ Claim Intimation
- ▶ Original Policy
- ▶ Claim form
- ▶ Original Registration certificate
- ▶ FIR
- ▶ Original set of keys
- ▶ Original Sales invoice & Tax receipt
- ▶ Intimation to RTO (to inform RTO that the vehicle is stolen and not to transfer)
- ▶ Final Report
- ▶ Transfer papers
- ▶ Indemnity Bond
- ▶ Subrogation letter

NEFT Payment

- ▶ Cancelled Cheque for NEFT Payment

AML Documents - for claims above One Lakh Rupees

- ▶ Photo Identity Proof
- ▶ Passport size photo – (Individual) – Mandatory
- ▶ Pan Card - Mandatory
- ▶ Passport / Driving License / voters ID Card
- ▶ Proof of Address – (last six month)
- ▶ Telephone Bill / Electricity Bill / Bank Statement / Ration Card
- ▶ Memorandum of understanding / Registration of Company
- ▶ Regd. Company / firm / establishment)

The list given is indicative in nature. Further additional documents may be called for depending on the nature of the claim.

