

Motor Claim Form

(Issuance of this form does not imply acceptance of the liability) All fields in the form are mandatory

Personal Details of Claimant (Owner) To be filled in BLOCK LETTERS

Policy No.

Policy Period

Full Name

Address for Communication

Flat Building

Road/Street/Sector

Nearest Landmark

Taluka/Village/District/City

State

Change of the contact Details Yes, I wish to change my contact details There is no change in my contact details

Please update mentioned mobile number as primary contact details against my policy. I also hereby confirm to be contacted on the number provided above for Claim Status /Policy Renewal.

Phone No.

WhatsApp No.

Email ID

Aadhaar (UIDAI) No.:

Insured Profession:

Monthly Income Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,001 and above

Any claims made in last two insurance policies Yes No If yes, please specify _____

Vehicle Details

Registration No.

Date of Purchase of Vehicle

Chassis No.

Make

Class of Vehicle

Financiers

Vehicle fitted with LPG/ CNG

Date of Registration

Expiry of Temp. Reg (if applicable)

Engine No.

Model

Details of accident

Date

Place of accident

Police FIR No. / GD Entry (Lodged if any)

Name of Garage

Estimate of Loss

No. of persons traveling at the time of accident excluding driver _____

Description of the accident (Please attach a separate sheet if needed) _____

For what purpose was the vehicle being used at the time of accident? Personal For Hire of Passenger Carriage of Goods

Vehicle was plying from _____ to _____

Was any third party involve in the accident Yes No If Yes, Vehicle No. and details _____

Diagram of location of accident, position of your vehicle, direction in which you vehicle was moving. Street name, nearest landmark/shop/building

Kindly shade the damaged portion			Sample Layout
<input type="checkbox"/> Right Side <input type="checkbox"/> Front <input type="checkbox"/> Top Under Body <input type="checkbox"/> Rear <input type="checkbox"/> Left Side			

Driver at time of accident

Name													
Correspondence Address													
Telephone Number													
Date of Birth	d d m m y y y y	Gender: Male / Female											
Licensing Authority													
Type of Vehicle authorised to Drive:	<input type="checkbox"/> HGV	<input type="checkbox"/> Transport	<input type="checkbox"/> LMV	<input type="checkbox"/> Motor Cycle	<input type="checkbox"/> Scooter Without Gear								
Is the Driver:	<input type="checkbox"/> Owner	<input type="checkbox"/> Paid Driver	<input type="checkbox"/> Any Other Person, please specify _____										
Was the driver under the influence of alcohol:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type of Licence:					<input type="checkbox"/> Permanent	<input type="checkbox"/> Learner				
Driver involve in any other accident in last two years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details _____										

Details required only for Commercial Vehicle

Nature of load carried at time of accident						G. R. Date and No.					
No. of passengers carried at time of accident						Permit No.					
Permit valid upto						Permit Issuance Date					
Fitness valid upto											

If there is a third party property damage or injury

Type of T. P. Loss	Injury / Death / Property damage	Status of victim	Passenger / Driver / Third person

Additional information required for theft claim

Place of theft				Time noticed				Date of Theft	d d m m y y y y		
Police Station							FIR No.				
Date of FIR	d d m m y y y y										
By whom it was first noticed and when:						Time h h m m am/pm					
Witnesses Name & Address						Witness Contact No.					

Details of person in whose possession the vehicle was at the time of theft _____

Relationship _____ Purpose _____

Add On's

Do you wish to opt a claim for add on cover if opted under the policy Yes No

Nil Depreciation Consumable expenses Engine Protector Return to Invoice Total Cover Others

Please specify _____

Details of any other insurance covering this vehicle (Name of Insurance Company) _____

Policy No. _____ Period of insurance _____

Bank Details for NEFT payment (For Reimbursement Claims)

Name of the Bank Account Holder	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	F I R S T M I D D L E L A S I T	
Bank Account No.:			
Name of the Bank			Account: <input type="checkbox"/> Saving <input type="checkbox"/> Current

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) _____

IFSC Code (11 character code appearing on your cheque leaf) _____

I understand that anyny refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars

Aadhaar based payment (For Reimbursement claims)

Aadhaar Card No.: _____ (Note: **Self attested** Aadhaar card copy to be submitted)

I wish to collect claim reimbursement directly in my Bank account linked with my aforementioned Aadhaar Card. I understand that the claim amount shall be credited directly in my latest Bank account linked with my Aadhaar Card.

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited. I have received and read the Claim Procedure of the insurer attached to this Claim Form and retained it with me/us. I agree to provide additional information to the Company if required. I will indemnify and hold harmless the Company due to any loss arising out of missstatement in this form.

Place _____ Date d | d | m | m | y | y | y | y Signature of the Insured _____

An ISO 9001:2015 Certified Company

IRDAI Registration No.103. Reliance General Insurance Company Limited. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number U66603MH2000PLC128300. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/MOT-02/CLM-FM/Ver.1.3/071221.

Claim Procedure: Step-by-Step Guide for Claims

Registration of Claim

Claim has to be intimated with our Call Centre at 1800 3009 (toll free)

Intimate the claim to the insurance company immediately. Delay in intimation would tantamount to a violation of policy condition.

First Step

- Please provide your mobile no. for sending SMS about your claim status from time to time.
- If there has been any injury to any passengers or a head on collision resulting in major damages or vehicle not in a motorable condition due to accident please report the matter to Police and seek a spot survey immediately before shifting the vehicle from the accident spot.
- Please rush the injured to the hospital.
- You can seek the help of our Call Centre Executives in identifying a cashless network garage* close to the location of loss.
- Decide on the repairer and inform us immediately once the vehicle is left at the garage.
- Please try to produce the vehicle for inspection as early as possible as the policy does not pay for consequential/aggravated damages on account of delay.
- Submit all documents listed on time for a speedier claim settlement.**
- Keep original documents ready for verification by our loss assessor.
- Produce the vehicle for re-inspection after repairs if the loss is above Rs.20,000. Submit bills and cash receipt within 10 days from the date of repair.
- To pay the difference bill amount over and above the liability of the insurance company before taking delivery of the vehicle from our cashless network garage, which can be on account of depreciation, salvage, excess, consumables etc.
- We suggest you to opt for a NEFT (electronic fund transfer to your bank account directly) or Aadhaar based payment for a hassle free claim settlement, if you have not chosen to repair at our cashless network garage.
- In case of a loss due to riots inform police immediately.
- If loss is on account of fire, intimate fire brigade immediately and try to minimise loss.
- In case of a theft claim, report the loss immediately to the insurance company and also the police. Informing insurers immediately helps us co-ordinate with the police for tracing of the vehicle through the investigator.
- To co-operate with the investigator in a theft claim and provide necessary information sought by him.
- If you would like to lodge a claim under the personal accident cover of the policy for death or permanent total disablement or loss of limbs or eyes*** do intimate the call centre executive of the same.

*Conditions apply

Claim amount shall be subject to the policy terms and conditions and there shall be deduction for depreciation, excess, salvage etc. as laid down in the policy **terms.

Please go through the policy document

***Please refer Section III of the policy document

Documents to be kept ready at the time of registration of a claim

- Policy Copy
- Registration Book
- Driving License

You may have to inform the insurer of the following at the time of intimation of a claim:

- How the accident took place
- The damages suffered by the vehicle
- Location of the accident
- Location, where the vehicle is available for inspection
- Injuries to passengers/driver/third parties if any
- Name and particulars of driver who was driving the vehicle at the time of accident

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Vehicle repair satisfaction voucher (For Cashless Settlement)

Claim No. _____

I/ We hereby acknowledge having received from _____ Name of the garage _____ garage my/our _____ Make & Model _____ vehicle

bearing Registration Number _____ Registration No. _____ Which has been repaired to my/our satisfaction and I/we admit that the payment of ₹ _____

on account of such repair by Reliance 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 _____

Place _____

Signature of the Insured: _____

Date

Name of Insured: _____

An ISO 9001:2015 Certified Company

Documents required for processing of a claim

General Documents applicable for all type of losses		Own Damage	Theft of vehicle	Personal Accident Claim
OWN DAMAGE	Claim Form filled-up completely & duly signed*	✓	✓	✓
	Policy Copy	✓	✓	✓
	RC with RTO Tax Receipt**	✓	✓	✗
	Driving Licence Copy**	✓	✗	✗
	Original Estimate of Repair	✓	✗	✗
	Original Repair Invoice and payment receipt	✓	✗	✗
	FIR Copy (in case of major loss and theft)	✓	✓	✗
	Fire Brigade report for fire loss	✓	✗	✗
	Cancelled Cheque for fund transfer or Self attested Aadhaar Card Copy (if opted)	✓	✓	✓
	KYC document for high value claim	✓	✓	✓
	Bank details for the payment for EMI protector	✓	✗	✗
	Loan documents for EMI payment for EMI protector	✓	✗	✗
	Auto Loan Account No.	✓	✗	✗
	Purchase Invoice Copy	✓	✗	✗
	Vehicle Fitness Certificate Copy***	✓	✓	✗
	Vehicle Permit and Authorisation Copy***	✓	✓	✗
	Load Challan for goods vehicle***	✓	✗	✗
	Passenger list for passenger carrying vehicle***	✓	✗	✗
Additional documents for Theft of vehicle	Non Traceable report	✗	✓	✗
	All Original Keys	✗	✓	✗
	Letter of subrogation and indemnity	✗	✓	✗
	Loan account statement from the Financier	✗	✓	✗
	NOC from the Financier (if hypothecated)	✗	✓	✗
	Form 35 duly signed	✗	✓	✗
	Form 28, 29 and 30 duly signed	✗	✓	✗
	Letter to RTO intimating them of the theft	✗	✓	✗
Personal Accident Claim	Hospital Certificate/documents	✗	✗	✓
	Death Certificate	✗	✗	✓
	Post Mortem Certificate	✗	✗	✓
	Legal Heir Certificate/Will/Proof of nomination	✗	✗	✓
	Affidavit on non judicial stamp paper	✗	✗	✓
	Certificate of disablement in case of a permanent partial disability	✗	✗	✓

*Stamp required in case of company

**Original document to be produced for verification of the driver at the time of accident

***Applicable for commercial vehicles only

In case if necessary, additional documents may be required for processing of a claim

Track your claim status

You can always track your claim status -

- u On our website - www.reliancegeneral.co.in, in the 'Claims' section
or
- u Through the Automated Interactive Voice Recorder System at our Call Centre or speak to our Call Centre Executives at 1800 3009 (toll free)
or
- u SMS claimstatus<space><claim number> at 9266334477 to get the claim status

Registered & Corporate Office Address

IRDAI Registration No. 103.

Reliance General Insurance Company Limited. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063.

For any assistance call 1800 3009 (Toll Free) (022) 4890 3009 (Paid)



Claim Discharge Voucher (For Reimbursement Claims)

In consideration of approval of my /our claim, I/we hereby accept from Reliance General Insurance Company Limited the sum of ₹ _____ Rupees (amount in words) _____ in full and final settlement of my/our claim.

I / we hereby voluntarily give discharge receipt to the company in full and final settlement of all my / our claims present or future arising directly or indirectly in respect of the said loss/accident. I / we hereby also subrogate all my/our rights and remedies to the company in respect of the loss/damage.

Claim No : _____

Signature of Insured: _____

Policy No : _____

Name of Insured: _____

Date of loss : [d | d | m | m | y | y | y | y]

Date: [d | d | m | m | y | y | y | y]

Note:

- In case of firm/company owned vehicles stamp & sign of authorized signatory is required.
- Issuance of this voucher is not to be taken as admission of liability.