

## General Insurance

### 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 CAPITALS

Policy No.	Cover Note No.		
Policy Period	From		To
Full Name	Mr./Mrs./Ms.		
Address for Communication			
Flat Building			
Road/Street/Sector			
Nearest Landmark	Area		
Taluka/Village/District/City	Pin Code		
State	D.O.B		
Phone	Mobile		
Alternate Phone	Alternate Mobile		
Email ID	Pan No.:		
Insured Profession:	<input type="checkbox"/> Private Service <input type="checkbox"/> Self Employed <input type="checkbox"/> Politician <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Government Service <input type="checkbox"/> House Wife		
Monthly Income	<input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1 Lakh <input type="checkbox"/> ₹ 1 Lakh and above		
Any claims made in last two insurance policy	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please specify _____		

#### Vehicle Details

Registration No.	Date of Registration	
Date of Purchase of Vehicle	Expiry of Temp. Reg (If applicable)	
Chassis No.	Engine No.	
Make	Model	
Class of Vehicle	<input type="checkbox"/> Pvt <input type="checkbox"/> Two Wheeler <input type="checkbox"/> Commercial	
Financiers	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Name of Financier _____	
Vehicle fitted with LPG/ CNG	<input type="checkbox"/> Yes <input type="checkbox"/> No    Vehicle fitted with Anti theft device <input type="checkbox"/> Yes <input type="checkbox"/> No	

#### Details of accident

Date	Time	Vehicle Speed:
Place of accident	Odometer reading	
Police FIR No. / GD Entry (Lodged if any)	Name of Police Station	
Name of Garage		
Estimate of Loss	Garage Ph. No.	
No. of persons traveling at the time of accident excluding driver		
Description of 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

From where to where vehicle was plying \_\_\_\_\_ 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

<p>Kindly shade the damaged portion</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Right Side</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">Front</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">           Top Under Body         </div> <div style="border: 1px solid black; padding: 2px;">Rear</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Left Side</div> </div>	<p>Sample Layout</p>
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Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

**Reliance General Insurance Company Limited.**

**Registered Office:** 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400001.

**Corporate Office:** 570, Rectifier House, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400031.

Corporate Identity Number U66603MH2000PLC128300.

**An ISO 9001:2008**  
Certified Company

## Driver at time of accident

Name	<input type="text"/>																			
Correspondence Address	<input type="text"/>																			
Telephone Number	<input type="text"/>										Gender: Male / Female									
Date of Birth	<input type="text"/>										Licence No. <input type="text"/>									
Licensing Authority	<input type="text"/>										Valid upto <input type="text"/>									
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 <input type="checkbox"/> If any other person, please specify _____																			

Was the driver under the influence of alcohol: ☐ Yes ☐ No      Type of Licence: ☐ Permanent ☐ Learner

Driver involve in any other accident in last two years ☐ Yes ☐ 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 passenger's 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 / Dr. / Third person

### Additional information required for theft claim

Place of theft	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Time noticed	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Police Station	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>		Date of Theft
Date of FIR	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	FIR No.	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
By whom it was first noticed and when: _____		Time <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> am/pm	

Witness 1: Name & Address \_\_\_\_\_  
\_\_\_\_\_  

Witness Contact No. |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_|

**Witness 2: 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

☐ Cover for Nil Depreciation ☐ Motor Secure Plus ☐ Motor Secure Premium ☐ NCB Retention cover

Easy Monthly Instalment (EMI) Protection Cover: ☐ Plan I - 1 EMI ☐ Plan II - 2 EMIs ☐ Plan III - 3 EMIs

☐ Total Cover

Details of any other insurance covering this vehicle \_\_\_\_\_  
 Name of Insurance Company \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Period of insurance \_\_\_\_\_

### Bank Details (For Reimbursement Claims)

Bank Name \_\_\_\_\_ Branch Name \_\_\_\_\_  
 A/C Holder Name as in Bank Record \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Account No \_\_\_\_\_ IFSC Code \_\_\_\_\_  
 (this is a 11 digit code printed on your cheque leaf)

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

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.

Place \_\_\_\_\_

Date | d | d | m | m | y | y | y | y |

**Signature of the Insured**

### 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) 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
- ▶ 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 | d | d | m | m | y | y | y | y |

Name of Insured: \_\_\_\_\_

## 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	✓	✓	✓
	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 Financier	✗	✓	✗
	NOC from 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 require in case of company

\*\*Original document to be produced for verification

\*\*\*Applicable for commercial vehicles only

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

## Track your claim status

You can always track your claim status -

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

## Registered & Corporate Office Address

**Reliance General Insurance Company Limited.**

**Registered Office:** Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001.

**Corporate Office:** 570, Rectifier House, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400031.

For any assistance call **1800 3009** (toll free)

IRDA Registration No. 103. Insurance is a subject matter of solicitation.



## 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/ 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.

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