

Intimation Cum Preliminary Claim Form – AutoSecure Car Insurance



Call our 24x7 Helpline 1800 266 7780 or SMS 'CLAIMS' to 5616181.

NOTE:

- 1) Please keep the information handy before calling up the helpline number.
- 2) The issue of this form is not to be taken as an admission of liability by Tata AIG.
- 3) Please sign on both sides of claim form. Do not leave any column unanswered.
- 4) Please enclose self-certified copies of Registration Certificate and Driving License, Fitness & Permit Certificate (by the insured as applicable).
- 5) Also please enclose copies of police report and fire brigade report, if lodged.

Details of Insured/Claimant							
Claim No.: Vehicle No.: Vehicle No.:							
Insured/Claimant Name:							
E-mail Id:							
Address:							
City: Pin: Mobile:							
Tel Res.: Tel Off.:							
Description of the Accident: Your Account							
Time & Date of Accident / Occurrence							
Place of Accident:							
Type of Loss (details overleaf): Own Damage Third Party Bodily Injury Property							
Short description of accident/incident (sketch overleaf):							
Driver Detaile (at the time of a side at)							
Driver Details (at the time of accident)							
Driver's Name:							
Age: Occupation: Description:							
Driving License No.: Badge No.:							
Effective for (type of vehicles): Expiry Date:							
To be filled only in case of Commercial Vehicle							
Permit validity upto: Fitness validity upto:							
Load carried at the time of accident:							
Load carried at the time of accident:							
Load carried at the time of accident: No. of passengers carried at the time of accident:							

Details of Death/Injury/Property damage to Third parties/Occupants/Driver								
Sr No.	Name of Third Party/ Occupant /Driver	Address (Village/Town)	Contact No.	Type of Injury/ Damage	Name of the Hospital where admitted	Doctor Attending	Any Legal/Court Notice Recd.	
N.B. Please	attach additional sheet with	n full particulars, if						
			Important-	illustration				
insurance below me 1 Payee N 2 Perman 3 Particul Name c	eby authorize Tata AIG G policies issued by Tata A entioned Bank Account in Name / Insured Name nent Account Number (Pa ars of Bank Account	ve street names EFT seneral Insurance AIG General Insurance India	s, direction and Mandate for each Co Ltd to pay		ects concerned		etly to my / our	
Address								
		City Name	e			PIN No.		
IFSC Co	ode							
	Account	Savin	gs Cur	rent				
	t Number							
4 Payee's								
	ach a cancelled cheque on: We hereby declare the				omplete.			
		particular	Decla					
my/our kr further de or any sup	ee to provide additional nowledge and belief, wa eclaration the Company ppression or concealm s shall be forfeited.	arrant the truth or may require in	the Company, of the foregoin respect of the	if required. I/W ag statement in e e said accident,	every respect, a shall make any	nd if I/We have false or fraudi	e made, or in any ulent statement	
understa	and that the Company re	eserves the righ	nt of verificatio	n (*) of facts and	documents rela	ating to the po	licy and claim.	
Place:								
Date:		Signature	of the Insured					

Tata AIG General Insurance Company Limited.

A-501, 5th Floor, Building No. 4, Infinity Park, Dindoshi, Malad (East), Mumbai 400 097.