

MOTOR INSURANCE CLAIM FORM

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

1. Important Instructions :

- Claim form is to be filled in capital letter & signed by the insured.
- Please do not leave any column unanswered.
- All facts and Statements must be factual not influenced or biased in any form.
- The damaged vehicle must be parked at safe place to avoid any subsequent loss/theft. Company will not be responsible for the same.
- Please read carefully the attached list of documents required to speed up processing of your claim.

2. Policy Holder Details

Policy No. : _____ Cover Note No. : _____

Period of Insurance : From _____ To : _____

Name of the Insured : _____ Phone Off. : _____

Gender : Male / Female Date of Birth :

D	D

M	M

Y	Y

Address (Please note - If the Claim is approved, the Claim payment Cheque shall be dispatched at the address mentioned herein) _____

Phone Res. : _____

Mobile : _____

_____ PIN : _____ E mail : _____

3. Vehicle Details

Regd. No. : _____ Make : _____ Date of 1st Registration : _____

Chassis No. : _____ Engine No. : _____ Date of Transfer (if applicable) : _____

Type of Fuel : _____ Colour of Vehicle : _____

4. Loss Details (Accident / Theft)

Date : _____ Time : _____ Speed : _____

Exact Place Where loss occurred : _____

Place to which the vehicle was heading for before accident : _____

Purpose for which vehicle was being used at the time of accident : _____

Nature of goods carried at the time of accident (Comm. Veh.) : _____

No of people travelling and in what capacity at time of accident : _____

Is it reported to the Police ? YES / NO

Name of the Police Station : _____ Gen. Diary/Crime No/FIR No. : _____

Location of Accident

Yes / No

Express Way

National Highway

State Highways

City roads

Town/Village roads

Private roads

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Purpose of travel at the time of accident

Yes / No

Business/office

Pleasure

Domestic

Social

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

MILEAGE at the time of accident. _____

5.Statement of how the Accident / Theft occurred :

6. Give a rough sketch describing the road map & position of the vehicle at the time of accident.

7, Driver Details

Name: _____

Relation with Insured : _____

Address: (If different from the one mentioned above)

Contact Number : _____

Date of Birth as shown on the License

Gender : Male/ Female

D

D

M

M

Y

Y

Driving License No : _____

License Effective From : _____

Issuing RTO : _____

License Expiry Date : _____

Class: M/Cycle/ LMV/ HGV/ Transport/ Non-Transport

Type: Permanent/ Learners

8. Occupant / Passenger / Third Party Injury Details

S. No.	Name	Address	Phone No.	In What	Capacity	Nature of Injury

9. Third Party Property Damage (include other vehicle involved)

Declaration

- I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and agree that if I have made any false or fraudulent statement of there be any suppression or concealment, the policy shall be cancelled and the claim shall be forfeited.
- I/We have received a list of documents with this claim Form and have understood all the requirement to be fulfilled for administration of this claim and the Company shall not be held responsible for any delay in settlement of claim due to non-fulfilment of requirements including the documents as mentioned above.
- I/We agree to provide additional information to the Company, if required.

Name: _____

Signature of insured: _____

Date: _____

List of Documents required for claim settlement

(To be submitted to the nearby Bajaj Allianz office)

Claim for accidental damages:

1. Proof of insurance - Policy / Covernote copy
2. Copy of Registration Book, Tax Receipt [Please furnish original for verification]
3. Copy of Motor Driving Licence [with original] of the person driving the vehicle at the material time
4. Police Panchanama/FIR(In case of Third Party property damage / Death / Body Injury)
5. Estimate for repairs from the repairer where the vehicle is to be repaired
6. Repair Bills and payment receipts after the job is completed
7. Claims Discharge Cum Satisfaction Voucher signed across a Revenue Stamp [format attached below]

Claim for theft cases:

1. Original Policy document
 2. Original Registration Book/Certificate and Tax Payment Receipt
 3. Previous insurance details - Policy No, insuring Office/ Company, period of insurance
 4. All the sets of keys/ Service Booklet/ Warranty Card
 5. Police Panchanama/ FIR and Final Investigation Report
 6. Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON-USE"
 7. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financier, as the case may be, undated and blank
 8. Letter of Subrogation
 9. Consent towards agreed claim settlement value from you and Financier
 10. NOC of the Financier if claim is to be settled in your favour
 11. Blank and undated "Vakalatnama"
 12. Claim Discharge Voucher signed across a Revenue Stamp [format attached below]
- Additional documents in specific claims shall be intimated separately.

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Bajaj Allianz General Insurance Company Limited

CLAIM DISCHARGE CUM SATISFACTION VOUCHER

Claim No.: _____

Received from BAJAJALLIANZ GENERAL INSURANCE COMPANY LIMITED the sum of

Rs. _____ towards FULL &

FINAL SETTLEMENT OF CLAIM under Policy Number _____ in respect of damage

to / loss of _____ on _____ I am fully

satisfied with the Full & Final settlement with respect to my claim.

Revenue
Stamp

Rs. _____

Signature of Insured

Phone Number / Address of Issuance office (Seal) _____