



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.: Policy 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 Hrs am pm DD MM YYYY

Place of Accident:

Type of Loss (details overleaf): Own Damage Third Party Bodily Injury Property

Short description of accident/incident (sketch overleaf):

Driver Details (at the time of accident)

Driver's Name:

Age: Occupation:

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:

No. of passengers carried at the time of accident:

Police

FIR Date: MM YYYY

Police FIR no. (if any lodged):

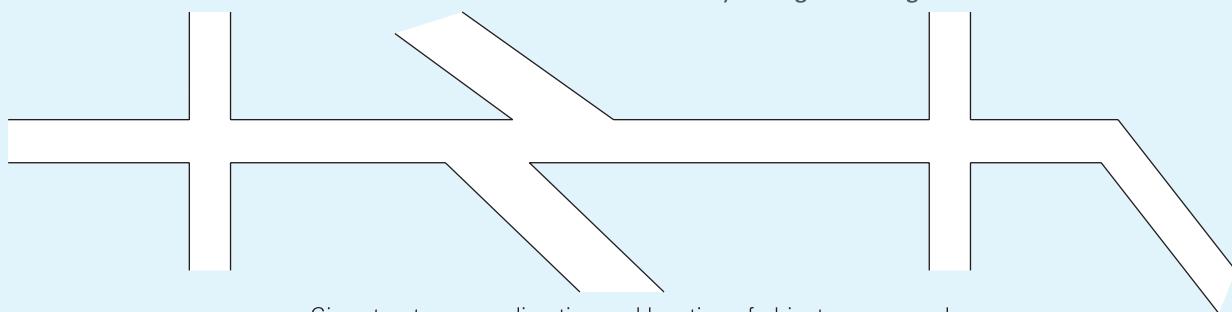
Police Station:

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 full particulars, if needed.

Important-illustration

Show how the accident occurred by using this diagram



Give street names, direction and location of objects concerned

EFT Mandate for Claim Payment

I / We hereby authorize Tata AIG General Insurance Co Ltd to pay the tenable claims under our insurance policies issued by Tata AIG General Insurance Co Ltd as per terms and conditions of the policies, directly to my / our below mentioned Bank Account in India

1 Payee Name / Insured Name

2 Permanent Account Number (PAN)

3 Particulars of Bank Account

Name of Bank

Name of Branch

Address

City Name PIN No.

IFSC Code

Type of Account Savings Current

Account Number

4 Payee's email ID

Please attach a cancelled cheque pertaining to the Account furnished above.

Declaration: We hereby declare that the particulars given above are correct and complete.

Declaration

I/We agree to provide additional information to the Company, if required. I/We the above named, 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 thereunder in respect of past or future accidents shall be forfeited.

I understand that the Company reserves the right of verification (*) of facts and documents relating to the policy 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.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.

Tata AIG General Insurance Company Ltd. Regd Office : 15th floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai- 400 013.