

Estimate of Loss: Rs. _____

Garage Phone No: _____

No. of persons travelling in the vehicle at the time of accident: _____

Please narrate the accident (please attach additional sheet/s if required):
.....
.....

For what purpose was the vehicle being used at the time of accident:.....

DRIVER DETAILS

Name of Driver: F | I | R | S | T | _____ | M | I | D | D | L | E | _____ | L | A | S | T

Date of Birth: D | D | M | M | Y | Y | Y | _____ Licensing Authority: _____ License No: _____

License Valid Upto: D | D | M | M | Y | Y | Y | _____ Type of Vehicle authorized to Drive: _____

Is the Driver (please tick): Owner Paid Driver Any other person (please specify).....**DETAILS REQUIRED FOR COMMERCIAL VEHICLES**

Registered load carrying capacity: _____ Load carried at the time of Accident: _____

G R Date and No: D | D | M | M | Y | Y | Y | _____ G R Issued by: _____

Authorized Passenger Capacity: _____ No. of Passengers at the time of accident: _____

Permit No.: _____ Permit Issuing Authority: _____

Permit Valid up to: D | D | M | M | Y | Y | Y | _____ Permit Valid For (Area): _____

Permit Issuance Date: D | D | M | M | Y | Y | Y | _____ Fitness Granting Authority: _____

Date of Last Fitness Exam: D | D | M | M | Y | Y | Y | _____ Fitness Valid Up to: D | D | M | M | Y | Y | Y | _____

IF THERE IS A THIRD PARTY (TP) DAMAGE OR INJURY

Type of TP Loss	Injury/Death/Property Damage	Status of Victim	Passenger/Driver/Third Person

INFORMATION REQUIRED FOR THEFT BURGLARY CLAIMS

Place of Theft: _____ Time Noticed: _____ Date of Theft: D | D | M | M | Y | Y | Y | _____

Police Station: _____ FIR No: _____

DETAILS OF ANY OTHER INSURANCE COVERING THIS VEHICLE

Name of Insurance Company: _____

Insurance Policy No.: _____ Period of Insurance: D | D | M | M | Y | Y | Y | _____ To D | D | M | M | Y | Y | Y | _____

DECLARATION

I/We hereby declare that the details given above are true and correct to the best of my/our belief and knowledge. In the event above information or any part thereof is found incorrect, I/We agree that all rights under the policy shall forfeit.

I/We authorize L&T General Insurance Company Limited to share my/our contact information like name, company name, address, phone number and e-mail id etc. relating to me / us, with their affiliate/group companies and also for communicating any promotional marketing offers and other transactional / features / products / services of L&T General Insurance Company Limited and its affiliate group companies via SMS Telephone

Place:

Date:

Signature of Insured



L&T Insurance is the brand of L&T General Insurance Company Limited. Registered Office: L&T House, N.M. Marg, Ballard Estate, Mumbai - 400001.