

## MOTOR CLAIM INTIMATION FORM

### Claim Intimation Details :

System Claim No. : 40

Insurer Claim No. : 40

External Claim No. :

Registered Date :

Reported Branch :

Reported By :

Intermediary Name :

Reported Date :

Registered By :

### Policy Details :

Policy No. :

Risk Note No. :

Policy Period :

Cover Note No. :

Insured Name :

Sum Insured :

Expected Loss :

Type of Policy :

Class of Policy :

### Vehicle Information :

Vehicle Number :

Sticker :

Vehicle Make :

Vehicle Model :

Type of Vehicle :

### Claim Details :

Accident Date/Time :

Region :

Reported Date/Time :

Place of Accident :

Cause of Accident :

Type of Loss :

Intimation Type :

Circumstances of Accident :

Description of Injury (If any) :

Third Party Insurance Cover Information :

Remarks (if any) :

Police Report Matter :

### Driver Information :

Driver Name :

Age : 40

Driver Address :

Occupation :

<b>Relation to Insured :</b>	<b>Class/Type :</b>
<b>License Number :</b>	<b>License Expiry :</b>
<b>Issuing Authority :</b>	
<b>Contact Person Details (On behalf of client) :</b>	
<b>Name :</b>	<b>Mobile :</b>
<b>Address :</b>	<b>Email :</b>

I the undersign hereby confirms that the above claim information provide by me is correct and authentic.

**Name**

.....

**Signature**.....