

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 :	
<u>Driver Information :</u>	
Driver Name :	Age : 40
Driver Address :	Occupation :
Relation to Insured :	Class/Type :
License Number :	License Expiry :
Issuing Authority :	
<u>Contact Person Details (On behalf of client) :</u>	
Name :	Mobile :
Address :	Email :

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