

## MOTOR CLAIM INTIMATION FORM

### Claim Intimation Details :

System Claim No. : 40

Insurer Claim No. : 40

External Claim No. :

Registered Date : 11-Sep-2021

Reported Branch :

Reported By :Hho

Intermediary Name :

Reported Date :15-Mar-1967

Registered By :

### Policy Details :

Policy No. :

Risk Note No. :1237

Policy Period : 08-Sep-2021 TO 08-Oct-2021

Cover Note No. :

Insured Name : anil

Sum Insured :

Expected Loss : 123.00

Type of Policy :

Class of Policy :

### Vehicle Information :

Vehicle Number :

Sticker :

Vehicle Make : MG

Vehicle Model :CRETA

Type of Vehicle : Gila No Chakdo

### Claim Details :

Accident Date/Time : 2013-10-16 12:59:00

Region :

Reported Date/Time :1967-03-15 12:59:00

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 :

Relation to Insured :

Class/Type :

License Number :

License Expiry :

Issuing Authority :

### Contact Person Details (On behalf of client) :

Name :

Mobile :

Address :

Email :

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

**Name**

.....

**Signature**.....