

MOTOR CLAIM INTIMATION FORM

Claim Intimation Details :

System Claim No. : 40

Insurer Claim No. : 40

External Claim No. :

Registered Date : 05-Oct-2021

Reported Branch :

Reported By :1

Intermediary Name :

Reported Date :01-Jan-0001

Registered By :

Policy Details :

Policy No. :

Risk Note No. :1236

Policy Period : 05-Oct-2021 TO 04-Oct-2022

Cover Note No. :

Insured Name : anil

Sum Insured :

Expected Loss : 1.00

Type of Policy :

Class of Policy :

Vehicle Information :

Vehicle Number :

Sticker :

Vehicle Make : Tata

Vehicle Model :HECTOR PLUS

Type of Vehicle : adaaa

Claim Details :

Accident Date/Time : 2021-10-05 17:17:00

Region :Dodoma

Reported Date/Time :0001-01-01 01:01:00

Place of Accident :1

Cause of Accident :Bodily Injury

Type of Loss :Total Loss

Intimation Type : Email

Circumstances of Accident :1

Description of Injury (If any) :1

Third Party Insurance Cover Information :1

Remarks (if any) :1

Police Report Matter :

Driver Information :

Driver Name : 1

Age : 1

Driver Address : 1

Occupation :1

Relation to Insured : 1

Class/Type :1

License Number :1

License Expiry :01-Jan-0001

Issuing Authority : 1

Contact Person Details (On behalf of client) :

Name : 1

Mobile : 1

Address : 1

Email : 1

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

Name

.....

Signature.....