

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 :

Intermediary Name :

Reported Date : 15-Mar-1967

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 :

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.....