

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 :
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.....