



Magma HDI General Insurance Co. Ltd

Registered Office: 24 Park Street, Kolkata 700016.

MOTOR INSURANCE CLAIM FORM

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay the dispatch of this form and other particulars may be sent later

Claim No : _____
Policy No : _____
Period of Insurance : _____ To _____

A. DETAILS OF INSURED/CLAIMANT

Name As Per Policy : _____
Address : _____
City : _____ State : _____ Pin : _____
Contact Details :
Phone Number : _____ Mobile Number : _____
Email ID : _____
Limits of Indemnity under the Policy/IDV (Rs.) : _____

B. DETAILS OF LOSS/DAMAGE /ACCIDENT

Date of Loss/Damage/ Accident : ____/____/____ Time Of Loss : _____ A.M. / P.M.
Location : _____
Address : _____
City : _____ State : _____ Pin : _____
Contact Details of person/s at Location :
Name : _____
Relationship with Insured : _____
Phone Number : _____ Mobile Number : _____
Email ID : _____
Describe Cause of Loss/Damage/ Accident (Sketch the accident using below diagram) :

Estimated Loss (Rs.) : _____

WITNESS DETAILS	INFORMATION TO AUTHORITY
<p>Were there any witnesses to the loss /Damage/ accident ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'Yes' ,</p> <p>Name of Person/s : _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Address : _____</p> <p>_____</p> <p>City : _____</p> <p>State : _____</p> <p>Pin : _____</p> <p>Phone / Mobile Number : _____</p> <p>_____</p> <p>Email ID : _____</p>	<p>Has the loss been reported to an Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'No' , reason for not reporting ,</p> <p>_____</p> <p>_____</p> <p>If 'Yes' , provide details</p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> RTA <input type="checkbox"/> Other</p> <p>Name of Authority / P.S. : _____</p> <p>_____</p> <p>_____</p> <p>Information Report No./ Authority Reference No. and Date : _____</p> <p>_____</p> <p>Contact Person/s : _____</p> <p>_____</p> <p>_____</p> <p>Address : _____</p> <p>_____</p> <p>City : _____</p> <p>State : _____</p> <p>Pin : _____</p> <p>Phone / Mobile Number : _____</p> <p>_____</p> <p>Email ID : _____</p>

C. VEHICLE DETAILS

Registration No :					
Make :		Model :			
Chasiss No :		Engine No :			
VIN No :					
Date of Registration :		/		/	
RTO Jurisdiction :					
Date of Transfer :		/		/	
RTO Jurisdiction :					
Type of Fuel :			Color of Vehicle :		
Vehicle Class :	<input type="checkbox"/> Two Wheeler	<input type="checkbox"/> Pvt Car	<input type="checkbox"/> GCCV	<input type="checkbox"/> PCCV	<input type="checkbox"/> Miscellaneous
	<input type="checkbox"/> Others (specify) _____				

D. DETAILS OF OTHER INSURANCE

Is the loss/damage covered under any other Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', specify details and attach a copy of the policy		

Name of Insurer : _____		
Address : _____		

City :	State :	Pin :
_____	_____	_____
Phone / Mobile Number : _____		
Email ID : _____		
Policy No :	Period of Insurance :	To _____
_____	_____	_____
Sum Insured : _____		

E. DETAILS OF OTHER INTEREST

Is the Insured the Sole Owner of the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'No', specify
Nature of Interest : _____			

Person/s who has/have interest on property : _____			

Address : _____			

City :	State :	Pin :	
_____	_____	_____	
Phone Number :	Mobile Number :		
_____	_____		
Email ID : _____			

F. DRIVER DETAILS

Name of Driver : _____	
Relationship with Insured : _____	
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth : ____/____/____
Address : _____	

City : _____	State : _____ Pin : _____
Phone / Mobile Number : _____	
Email ID : _____	
Driving License : _____	
Issuing L.A. : _____	
Date of Issue : ____/____/____	Date of Expiry : ____/____/____
Type of License : <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Class : <input type="checkbox"/> M-Cycle W/G <input type="checkbox"/> M-Cycle Wo/G <input type="checkbox"/> LMV <input type="checkbox"/> Transport <input type="checkbox"/> Non - Transport	
<input type="checkbox"/> Goods Carrying <input type="checkbox"/> Passenger Carrying <input type="checkbox"/> Three Wheeler	
Special endorsement, specify if any : _____	

G. ACCIDENT/THEFT DETAILS

Speed at the time of accident _____ kmph	
Type of Loss : <input type="checkbox"/> Own Damage <input type="checkbox"/> Theft <input type="checkbox"/> Partial Theft <input type="checkbox"/> Personal Accident	
<input type="checkbox"/> Third Party Death <input type="checkbox"/> Third Party Injury <input type="checkbox"/> Third Party Property Damage	
<input type="checkbox"/> Others (specify) _____	

Purpose for which the vehicle was being used at the time of accident/theft _____	

No. of people travelling in the vehicle at the time of accident _____	
Weighment Details :	
RLW : _____	ULW : _____
GVW : _____	Weight Carried : _____
In case of theft, keys in the possession of ?	
Name : _____	
Contact No. : _____	

H. GARAGE/BODYSHOP/REPAIRER DETAILS

Name : _____	
Name of Contact person : _____	
Address : _____ _____	
City : _____	State : _____ Pin : _____
Phone Number : _____	Mobile Number : _____
Email ID : _____	

I. THIRD PARTY LOSS DETAILS(Attach additional sheet, if required)

Sl No.	Name & Age in yrs	Passenger/Pedestrian/Driver, Cleaner/Occupant of the other vehicle/Property damage	Address	Contact	Death/Type of Injury/Details of Property damage	Name of Hospital where admitted	Details of Any Legal/Court Notice received

J. DETAILS OF PREVIOUS LOSSES

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

K. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', specify

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/We have made, or in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accidents shall be forfeited.

I/We have received a list of documents with this claim Form and have understood the entire requirement to be fulfilled for administration of this claim and the Company shall not be held responsible for any delay in settlement of claim due to non-fulfilment of requirements including the documents as mentioned in the claim form.

I/We agree to provide additional information and additional documentation to the Company, if required.

Place :

Signature :

Date :

Name of Insured/Claimant :

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT *	
For Accident/Theft Claims	Additional documents for Theft Claims
<ol style="list-style-type: none">1. Proof of insurance - Policy / Cover note copy2. Copy of Registration Book, Tax Receipt [Please furnish original for verification]3. Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification)4. Police Panchanama /FIR (In case of Third Party property damage /Death / Body Injury)5. Estimate for repairs from the repairer where the vehicle is to be repaired6. Repair Bills/Invoices and payment receipts after the job is Completed7. Other vehicular documents like Permit, Load Challan, Trip Sheet, Tax Token etc. as may be applicable	<ol style="list-style-type: none">1. Original Policy document2. Original Registration Book/Certificate and Tax Payment Receipt3. All the sets of keys/Service Booklet/Warranty Card/Original Purchase Invoice.4. Police Panchanama/ FIR and Final Investigation Report/Non Traceable Report.5. Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE"6. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank7. Letter of Subrogation8. Consent towards agreed claim settlement value from yourself and Financer9. NOC from the Financer if claim is to be settled in your favour.
Additional documents required by us if any, will be intimated to you as and when required	

TEAR HERE

Claim No.

I/We hereby acknowledge having received a sum of Rs. _____/-

Rupees

(_____) from

Magma HDI General Insurance Company Ltd. towards full and final settlement of my/our claim upon

the said company under Policy No.

in respect of the damage caused to my/our Vehicle No. in an accident that occurred on

____/____/____ (DD/MM/YYYY)

Place :

Signature :

Date :

Name of Insured/Claimant :