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## **MOTOR INSURANCE**

Name of Insurer:

Claim Form Claim No.: A. POLICY HOLDER/CLAIMANT DETAILS Period of Insurance : From \_\_\_\_\_\_ To \_\_\_\_\_ Name as per Policy: \_\_\_\_\_\_ Claimant Name : \_\_\_\_\_ Address: \_\_\_ \_\_\_\_\_\_ State : \_\_\_\_\_\_ E mail : \_\_\_\_\_\_ \_\_\_\_\_ Fax No. : \_\_\_\_ \_\_\_\_ Mobile No.:\_\_\_ Phone No · B. VEHICLE DETAILS Make :\_\_\_\_\_\_ Model :\_\_\_\_\_\_ Date of Registration :\_\_\_\_\_ Class of vehicle Private Commercial Two Wheeler Financier's interest if any: C. LOSS DETAILS Accident Theft Date of Occurrence:\_\_\_\_\_\_ Time of Occurrence :\_\_\_\_\_\_ A.M. / P.M. Speed:\_\_\_\_\_ Km/Hr. Current location : \_\_\_ Place of Occurrence:\_\_\_ \_\_\_\_\_ Nature& weight of goods carried at the \_\_\_ time of accident (Commercial Vehicle): (please attach separate sheet if needed) No. of people travelling in the insured: \_\_\_\_\_\_ Purpose for which vehicle was : \_\_\_\_\_ vehicle at the time of Loss being used at the time of Loss Is loss reported to Police? Yes No Police Station: \_\_ Diary / FIR No. : \_\_ Is loss reported to Fire Brigade? Yes No Fire Station : \_\_\_\_ D. DETAILS OF DRIVER AT THE MATERIAL TIME OF ACCIDENT Name of Driver : \_\_\_\_\_\_ Contact No.: \_\_\_\_\_ Relationship with Insured : \_\_\_\_\_ Driving License No.: \_\_\_\_\_ License Type: Permanent Learner Issuing RTO : \_\_\_\_\_ Class of Vehicle authorized to drive:\_\_\_ \_\_ Issue Date : \_\_\_ \_\_ Expiry Date: \_\_ E. DIRECT FUND TRANSFER/EFT MANDATE FORM. Please enclose a cancelled Cheque leaf along with the Claim Form (Mandatory) \_\_\_\_\_ Branch :\_\_\_\_\_ BankName: \_\_\_\_\_ IFSC Code : \_\_\_ \_\_\_\_\_ Name of Payee :\_\_\_ Payee Account No.:\_\_ F. GARAGE / WORKSHOP DETAILS (Note: Please do not dismantle the vehicle before survey) \_\_\_\_\_Contact Person :\_\_\_\_\_ \_\_\_\_\_ Contact No.: \_\_\_\_ Name of Garage/Workshop:\_\_\_\_ \_\_\_\_ Estimated Loss Amount :\_\_\_ Address : \_ G. OTHER INSURANCE DETAILS If there is any other insurance policy indemnifying you in respect this accident? YES NO If Yes', please provide details

\_\_\_\_\_ Period of Insurance :\_\_

\_\_\_ Policy No : \_\_\_\_\_

Н	. OCCUPANTS / PASSEN	NGER / THIRD PARTY – INJURY/DEATH DE	TAILS			
Sr. No.	Name	Address	Contact No.	Age	Occupant/Passenger travelling in what capacity	Nature of injury
Third	party property damage d	letail (Also including other vehicle if any invo	lved) - In case of	addition	al information please attach o	a separate sheet
I.	WITNESS DETAILS IF A	NY				
Sr.	Name		Address			Contact No.
No.						
J.	DECLARATION					
y Stat Place: fany c orm c	e Bank Group(please strik detail or information is not annot be taken as an admi	•	the personal data) Signature c	f Insure	d/Claimant	
K.	LIST OF INDICATIVE D	OCUMENTS				
For A	Accident Claims		For Theft Clain	ns		
Ц	Duly filled and signed cla	aim form.	Duly filled	and sig	ned claim form.	
	,,	ok (Please furnish original for verification)	Original F	•		
Ш		cense of the person driving the vehicle at ase furnish original for verification)	Certificate		ion Book / Certificate, Permit, d Challan.	Fitness Certificate, Tax
		n case of Third Party property damage / e / Malicious Damage Claims)	Police Par			
	Estimate for repairs from	repairer where vehicle is to be repaired			n Report from the magistrate's n Traceable Report.	court under section
	Repair Bills/Invoices afte	,	All the se		ys / Service Booklet / Warranty	Card / Original
	Payment receipts after t  KYC/AML for losses above	,			ppy of letter addressed to RTO USE" of vehicle	intimating theft and
	Additional documents in	n case commercial vehicle	Form 28,	29 and	30 signed by the insured and	
	Permit, Fitness Certificate, Tax Certificate & Load Challan, (Please furnish original for verification)				ase may be, undated and blar king, Subrogation & Discharge	
					agreed claim settlement value	
				n the Fir	nancer if claim is to be settled i	n your favour.
					ss s.a.m is to be settled i	,

 $<sup>^{\</sup>star}$  Additional documents required by us if any, will be intimated to you as and when required

IRDA Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | UIN: SBG-MO-P12-57-V02-11-12.



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## SATISFACTION NOTE

(To be obtained from Insured, where payment is being made to the repairer)

Claim Number:	Policy Number:	Vehicle Number:
I inspected my car repaired by M/s.		
I hereby confirm that the damages claimed by	me under the above mentioned claim ho	ive been repaired to my utmost Satisfaction.
I request you to pay the claim amount Rs amount of Rs to them.	directly to the repairer so	that I can take Delivery of my car by paying Depreciation / extra work
l accept the settlement to be full & final and di	scharge SBI General Insurance Compan	Limited of all liabilities arising out of claim.
Place:		Name of Insured/Claimant:
Date:		Signature of Insured/Claimant:
		(Rubber stamp in case of Insured is a firm)
	DISCHARGE VOUC	HER
Claim No.:	DISCHARGE VOUC	HER
I/We hereby acknowledge having received a su From SBI General Insurance Company	m of Rs/- Rupe Ltd. towards full and final set	es (
I/We hereby acknowledge having received a su From SBI General Insurance Company	m of Rs/- Rupe Ltd. towards full and final set	es () tlement of my/our claim upon the said company Under
From SBI General Insurance Company Policy No.	m of Rs/- Rupe Ltd. towards full and final set in respect	HER  es (
I/We hereby acknowledge having received a su From SBI General Insurance Company Policy Noir	m of Rs/- Rupe Ltd. towards full and final set in respect	es ( tlement of my/our claim upon the said company Under of the damage caused to My Vehicle bearing Registration No
I/We hereby acknowledge having received a su From SBI General Insurance Company Policy Noir	m of Rs/- Rupe Ltd. towards full and final set in respect	es (
I/We hereby acknowledge having received a su From SBI General Insurance Company Policy No	m of Rs/- Rupe Ltd. towards full and final set in respect	es (