

PRIVATE CAR / TWO WHEELER INSURANCE POLICY - PACKAGE

Cl	laim Form																							
Po	licy No.									CI	laim N	lo.				Т								
	riod of Insurance From	D M	MY	YY	Υ	То	D D) M	М	Y	Y	Υ										·	l	
	A. DETAILS OF INSURED/CL	ΔΙΜΔΝ	JΤ																					
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	Name as per Policy	SU			W E		М		D I	D L	1	N A	Μ	Е				R	S	Т	N	А	М	Е
2.	Address	Plot No	o/Door N	10.					<u>_</u>		Buil	ding N	lame				<u> </u>							
	(Please note if the Claim is approved, cheque shall be	Road									Are	a												
	despatched at the address mentioned here in)	City									Pino	code												
		State																						
3.	Contact Details	Phone	No.								Mol	oile												
		Fax No).																					
		E-mail	ld																					
	B. VEHICLE DETAILS																							
1.	Registration No.						Т				Cho	ıssis No	٥.				Τ	T						
	Engine No.		\pm								Mal	ke				$\overline{}$	T	Ť						
	Model		++						+			e of Fu	el			+	+	+						
	Date of Registration	D D) M A	л ү	YY	Y					RTC					\pm	\pm	$\frac{\perp}{1}$		<u> </u>				
	Date of Transfer (if any)	D D			Y Y	Y						icle Cla	700	[\pm	\pm	+	+					
			7 174 17	V1 1 1					_		Ven	TCIE CIC	155			_	\pm	\pm	+					
Ο.	Financier's interest if any																							
	C. DETAILS OF ACCIDENT/1	THEFT																						
1.	Date of Accident/Theft	D D	M	M Y	Y	Υ	Tin	ne of	Accid	dent/T	heft [:			A.M.	/ P.N	۱. ۶	peed	d _			kr	n/hr
2.	Place/Location of Accident/Theft	Plot No	o/Door N	No.					\top		Buil	ding N	lame			\top	Т							
		Road							\pm		Are					\pm	\pm							
		City							+]	code					$\frac{\perp}{\parallel}$					<u> </u>		
		State							+] ''''	Loue												
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3.	Purpose for which vehicle was being used at the time of		$\perp \perp$						<u> </u>				<u> </u>			_	<u> </u>	<u> </u>						
	Accident/Theft																							
4.	Nature & weight of goods carried at the time of																							
	accident (Commercial Vehicle)																							
5.	No. of people travelling in th	e insure	ed vehicl	le at the	time (of acci	dent																	
6.	Is loss reported to Police?	Ye	es	No	Po	olice St	ation								Dia	y / FI	R No	o						
7.	Is loss reported to Fire Brigade?	Ye	es	No	Fir	re Stati	on								Refe	erence	No							

	D. PLEASE DESCRIBE THE ACCIDENT / THEFT (Please attach a separate sheet if needed)																																																
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	E. GAI	RAGE / WORKSHOP D	DETA	AIL!	S (N	ОТ	Έ-	PL	EΑ	SE	D	۱ ٥	10	T C	OIS	M	AN	TL	E	Tŀ	ΗE	VE	Εŀ	IIC	LE	BE	FC	RE	Sι	R۱	۷E	Y)																
1.	Name	e of Garage/Workshop			\prod																																												
2.	Name	e of Contact Person		L																																													
3.	Garag	ge Address	Plot	t N	0/[Do	or l	No).																Bu	iildi	ing	N	ıme	9																			
	Road												Area																																				
			City	City Pincode																																													
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1	Conto	ıct No.						$\frac{\perp}{1}$			$\frac{\perp}{1}$			<u> </u>	I		$\frac{\perp}{1}$			1		T]]	Est	tim	oto	~d	000	. ^	~~	N. 1.P	,		Τ			Т					I	Т		Τ		Ι	
٦.	Cont	ict No.			L																				LSI	UIIII	iute	eu i	_053	. ~	IIC	Jui	" _																
	F. DETAILS OF DRIVER AT THE TIME OF ACCIDENT																																																
1.	Name of Driver																																																
2.	Conto	ict No.		Τ	П											T			T						Re	lati	ion	shi	p w	ith	ln:	sui	red					T		Τ	T					Τ		Γ	
3.	Drivin	g License No.		T	Ī		Ī			T			Ī	Ī		Ť	Ī		Ť		T				lss	uin	ng l	RTO)				T		Ī			Ī		T	Ī		Ī	Ť		Ť		İ	ī
4.	4. Class of Vehicle authorised Licence Type : Permanent Temporary															_																																	
	to drive																																																
5.	Licen	ce Issue Date	D	[D	Μ		Μ	Υ	,	Υ	Υ)												Exp	piry	уΣ	ate	:		D			Μ		Μ	Υ		Υ	`	Y	Υ							
6.	6. Badge No. (wherever applicable)																																																
	C 00	CURANT / BACCENCE	-D /-		us.	.	3 A E		V 1		LD.	V 1	\ F-1	- 4 1																																			
		CUPANT / PASSENGE	IK /	П	IKI	יו ע	Ar	(1	1 1	ינא	JK	. I L	JE I	AII	L																																		
S	- 1	Name										Ad	Address								Contact					No							Occupant/Passenger velling in what capacity							Nature of inju						ur	y		
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١.	Third	party property damage	e det	ail	(A	Also	in	clu	udir	ng d	oth	er	veh	iicle	e if	t ar	ny i	inv	olv	ec.	1)																												
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	In cas	e of additional inform	ation	pl	ea	se	atte	acl	h a	se	pa	rat	e sł	nee	et																																		
	H WI	TNESS DETAILS																																															
	Were	there any witnesses to please provide below			s /	ac	cid	en	t?] \	⁄es				٨	lo											
SI. No. Name													Address																	<u> </u>	on.	tac	+ N	lo.															
				_										Address													+					Contact No.																	
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	I. PAYMENT DETAILS																														
1.	Would you like to opt for NEF	Тр	ayme	ent?																	Ye	S		N	0						
	If 'Yes', please enclose a canc	elle	d che	eque	e lea	f aloi	ng w	/ith	the	Clair	n Fo	orm																			
	Bank Name															Bra	nch	[\perp	\perp	
	City															Sta	te												\perp	\perp	
	Account No.															IFS	C Co	ode											\perp	\perp	
	Name of Payee																												\perp		
	J. OTHER INSURANCE DETA	ILS																													
1.	If there is any other insurance	e po	licy i	ndei	mnif	ying	you	in re	espe	ct th	iis a	ccid	ent?)							Ye	s] N	0						
	If 'Yes', please provide details	•	,			, ,	,		·												J			J							
	Name of Insurer																								Τ				\top	Т	
	Address	Plot	No/	Doo	r No	. [T	T								Bui	lding	y Na	me						Ī		Ī	Ī	Ī	T	
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		City	Ī		Ī	Ť									ī	Pin	code	9										_			,
	:	State	e								Ī											•				_					
	Policy No.			•							'				_																
	Period of Insurance	Fron	n	D	D	М	Μ	Υ	Υ	Υ	Υ			То	D	D	Μ	М	Υ	Υ	Υ	Υ									
	DECLARATION																														
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	e hereby declare that to the be se or fraudulent statement or t																											/we	have	ma	ide any
adı	e have received a list of docur ministration of this claim and t luding the documents as men	the (Com	pan	y sho	all no	t be																								
	e agree to provide additional i							al do	ocun	nent	atio	n to	the	Com	pan	y, if	requ	ired.													
Pla	се						Da	te	D	D	М	М	Υ	Υ	Υ	Υ	Si	gnat	ture	of Ir	nsur	ed/0	Clain	nant	t						

If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later. The issue & acceptance of this form cannot be taken as an admission of liability.

INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT*

For Accident Claims For Theft Claims 1. Duly filled and signed claim form. 1. Duly filled and signed claim form. 2. Proof of insurance - Policy copy 2. Original Policy document 3. Copy of Registration Book (Please furnish original for verification) 3. Original Registration Book / Certificate and Tax Payment Receipt 4. All the sets of Keys / Service Booklet / Warranty Card / Original Tax Receipt & Vehicle Purchase Invoice in case of new vehicle where Purchase Invoice. RC is not received. (Please furnish original for verification) 5. Police Panchanama / FIR and Final Investigation Report / 4. Copy of Motor Driving License of the person driving the vehicle at the Non Traceable Report. time of accident 6. Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE" (Please furnish original for verification) 5. Police Panchanama / FIR (In case of Third Party property damage / 7. Form 28, 29 and 30 signed by the insured and Form 35 signed by Death / Body Injury / Fire / Malicious Damage Claims) the Financer, as the case may be, undated and blank 6. Permit, if applicable (Please furnish original for verification) 8. Letter of Subrogation 7. Fitness Certificate, if applicable (Please furnish original for verification) 9. Consent towards agreed claim settlement value from yourself and 8. Tax Certificate, if applicable (Please furnish original for verification) 10. NOC from the Financer if claim is to be settled in your favour. 9. Load Challan, if applicable (Please furnish original for verification) 10.Estimate for repairs from the repairer where the vehicle is to be

11.Repair Bills/Invoices

12. Payment receipts after the job is completed

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DISCHARG	SE VOUCHER											
Claim No.												
I/We hereby acknowledge having received a sum of Rs.	/- Rupees ()											
from SBI 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 Vehicle bearing Registration No.	in an accident/theft that occurred on											
/(DD/MM/YYYY)												
Place	Signature of Insured/Claimant											
Date:	Name of Insured/Claimant											

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