

MOTOR INSURANCE CLAIM FORM

ISSUE OF THIS FORM DOES NOT IMPLY ACCEPTANCE OF LIABILITY.

PLEASE GIVE ALL THE DETAILS ASKED FOR IN THE CLAIM FORM. CLAIM FORM TO BE FILLED IN AND SIGNED BY THE INSURED ONLY.



Policy No _____ Claim No _____ (For office use only)

Vehicle No _____ Engine No _____ Chassis No _____

1) INSURED DETAILS

Name _____

Address _____

Mobile No. _____ E-Mail id _____

Details of other existing Insurance policy (ies) in respect of this accident _____

2) LOSS DETAILS

Date & Time of Accident/ Occurrence _____ Place of Loss _____

Type of Loss: ☐ Damage ☐ Theft ☐ Third Party Estimated Cost of Repairs _____

Short Description of Accident/ Incident _____

3) DRIVER DETAILS

Name _____ Age _____

Is Driver: ☐ Owner ☐ Paid Driver ☐ Relative/Friend

Driving License No _____ Valid up to _____

Authorised to drive _____ Issuing Authority _____

4) ADDITIONAL DETAILS IN CASE OF COMMERCIAL VEHICLES

Permit No. _____ Valid Up to _____ Issuing Authority _____

Fitness Certificate Valid Up to _____ No. of fare paying Passengers carried _____

Weight and Nature of Goods Carried _____ GR/LR No. _____

5) INJURY/DEATH DETAILS & POLICE REPORT

Police Report Lodged: ☐ Yes ☐ No, If yes, FIR/GD No. _____ Police Station Name _____

Death/Injury to any occupant / Third Party (others) and/or Third Party Property Damage: ☐ Yes ☐ No

Details in case of Death and/or Injury to Third Party/Occupants/Driver or damage to property: _____

6) DECLARATION

I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement 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 the policy shall be void and all right to recover there-under in respect of past or future accidents shall be forfeited. I understand that the company reserves the right of verification of facts and documents relating to policy and the claim.

Date _____ Place _____ Signature of the Insured _____

N.B. Please attach a photocopy of your blank / cancelled cheque for NEFT purpose.