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
Were there any witnesses to the loss /Damage/ accident ? ☐ Yes ☐ No If 'Yes' , Name of Person/s : _____ _____ _____ _____ Address : _____ _____ City : _____ State : _____ Pin : _____ Phone / Mobile Number : _____ _____ Email ID : _____	Has the loss been reported to an Authority? ☐ Yes ☐ No If 'No' , reason for not reporting , _____ _____ If 'Yes' , provide details ☐ Fire ☐ Police ☐ RTA ☐ Other Name of Authority / P.S. : _____ _____ _____ Information Report No./ Authority Reference No. and Date : _____ Contact Person/s : _____ _____ _____ Address : _____ _____ City : _____ State : _____ Pin : _____ Phone / Mobile Number : _____ _____ Email ID : _____

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 : ☐ Two Wheeler ☐ Pvt Car ☐ GCCV ☐ PCCV ☐ Miscellaneous

☐ Others (specify) _____

_____

D. DETAILS OF OTHER INSURANCE

Is the loss/damage covered under any other Insurance? ☐ Yes ☐ 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? ☐ Yes ☐ 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 : ☐ Male ☐ 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 : ☐ Permanent ☐ Temporary

Class : ☐ M-Cycle W/G ☐ M-Cycle Wo/G ☐ LMV ☐ Transport ☐ Non - Transport
☐ Goods Carrying ☐ Passenger Carrying ☐ Three Wheeler

Special endorsement, specify if any :

_____

_____

G. ACCIDENT/THEFT DETAILS

Speed at the time of accident _____ kmph

Type of Loss : ☐ Own Damage ☐ Theft ☐ Partial Theft ☐ Personal Accident
☐ Third Party Death ☐ Third Party Injury ☐ Third Party Property Damage
☐ 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? ☐ Yes ☐ 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
1. Proof of insurance - Policy / Cover note copy 2. 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 repaired 6. Repair Bills/Invoices and payment receipts after the job is Completed 7. Other vehicular documents like Permit, Load Challan, Trip Sheet, Tax Token etc. as may be applicable	1. Original Policy document 2. Original Registration Book/Certificate and Tax Payment Receipt 3. 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 blank 7. Letter of Subrogation 8. Consent towards agreed claim settlement value from yourself and Financer 9. 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 :