

PRIVATE CAR / TWO WHEELER INSURANCE POLICY - PACKAGE

Claim Form

Policy No.

 Claim No.

Period of Insurance From

 To

A. DETAILS OF INSURED/CLAIMANT

- | | | | | | | | | | | | | | | | | | | | | |
|---|------------------|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|
| 1. Name as per Policy | | | | | | | | | | | | | | | | | | | | |
| 2. Address | Plot No/Door No. | | | | | | | | | | Building Name | | | | | | | | | |
| (Please note if the Claim is approved, cheque shall be despatched at the address mentioned here in) | Road | | | | | | | | | | Area | | | | | | | | | |
| | City | | | | | | | | | | Pincode | | | | | | | | | |
| | State | | | | | | | | | | | | | | | | | | | |
| 3. Contact Details | Phone No. | | | | | | | | | | Mobile | | | | | | | | | |
| | Fax No. | | | | | | | | | | | | | | | | | | | |
| | E-mail Id | | | | | | | | | | | | | | | | | | | |

B. VEHICLE DETAILS

- | | | | |
|--------------------------------|----------------------|---------------|----------------------|
| 1. Registration No. | <input type="text"/> | Chassis No. | <input type="text"/> |
| 2. Engine No. | <input type="text"/> | Make | <input type="text"/> |
| 3. Model | <input type="text"/> | Type of Fuel | <input type="text"/> |
| 4. Date of Registration | <input type="text"/> | RTO | <input type="text"/> |
| 5. Date of Transfer (if any) | <input type="text"/> | Vehicle Class | <input type="text"/> |
| 6. Financier's interest if any | <input type="text"/> | | |

C. DETAILS OF ACCIDENT/THEFT

- | | | | | | | |
|--|--|-----------------------------|---|----------------------|-----------------|----------------------------|
| 1. Date of Accident/Theft | <input type="text"/> | Time of Accident/Theft | <input type="text"/> : <input type="text"/> | A.M. / P.M. | Speed | <input type="text"/> km/hr |
| 2. Place/Location of Accident/Theft | Plot No./Door No. <input type="text"/> Building Name <input type="text"/>
Road <input type="text"/> Area <input type="text"/>
City <input type="text"/> Pincode <input type="text"/>
State <input type="text"/> | | | | | |
| 3. Purpose for which vehicle was being used at the time of Accident/Theft | <input type="text"/> | | | | | |
| 4. Nature & weight of goods carried at the time of accident (Commercial Vehicle) | <input type="text"/> | | | | | |
| 5. No. of people travelling in the insured vehicle at the time of accident | <input type="text"/> | | | | | |
| 6. Is loss reported to Police? | ☐ Yes | ☐ No | Police Station | <input type="text"/> | Diary / FIR No. | <input type="text"/> |
| 7. Is loss reported to Fire Brigade? | ☐ Yes | ☐ No | Fire Station | <input type="text"/> | Reference No. | <input type="text"/> |

D. PLEASE DESCRIBE THE ACCIDENT / THEFT (Please attach a separate sheet if needed)

E. GARAGE / WORKSHOP DETAILS (NOTE: PLEASE DO NOT DISMANTLE THE VEHICLE BEFORE SURVEY)

1. Name of Garage/Workshop

2. Name of Contact Person

3. Garage Address Plot No/Door No. Building Name

Road Area

City Pincode

State

4. Contact No. Estimated Loss Amount

F. DETAILS OF DRIVER AT THE TIME OF ACCIDENT

1. Name of Driver

2. Contact No. Relationship with Insured

3. Driving License No. Issuing RTO

4. Class of Vehicle authorised to drive Licence Type : ☐ Permanent ☐ Temporary

5. Licence Issue Date Expiry Date

6. Badge No. (wherever applicable)

G. OCCUPANT / PASSENGER / THIRD PARTY INJURY DETAILS

Sl. No.	Name	Address	Contact No.	Age	Occupant/Passenger travelling in what capacity	Nature of injury

1. Third party property damage detail (Also including other vehicle if any involved)

In case of additional information please attach a separate sheet

H. WITNESS DETAILS

1. Were there any witnesses to the loss / accident ?
If Yes, please provide below details

☐ Yes ☐ No

Sl. No.	Name	Address	Contact No.

I. PAYMENT DETAILS

1. Would you like to opt for NEFT payment?

☐ Yes ☐ No

If 'Yes', please enclose a cancelled cheque leaf along with the Claim Form

Bank Name

Branch

City

State

Account No.

IFSC Code

Name of Payee

J. OTHER INSURANCE DETAILS

1. If there is any other insurance policy indemnifying you in respect this accident?

☐ Yes ☐ No

If 'Yes', please provide details

Name of Insurer

Address

Plot No/Door No.

Building Name

Road

Area

City

Pincode

State

Policy No.

Period of Insurance

From

To

DECLARATION

I/we hereby declare that to the best of my/our knowledge and belief the information provided by me/us are full and true and agree that if I/we have made any false or fraudulent statement or there be any suppression or concealment of fact, the policy shall be cancelled and claim shall be forfeited.

I/we have received a list of documents with this claim Form to be submitted by me/us 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

Date

Signature of Insured/Claimant

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. 2. Proof of insurance - Policy copy 3. Copy of Registration Book (Please furnish original for verification) OR Tax Receipt & Vehicle Purchase Invoice in case of new vehicle where RC is not received. (Please furnish original for verification) 4. Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification) 5. Police Panchanama / FIR (In case of Third Party property damage / Death / Body Injury / Fire / Malicious Damage Claims) 6. Permit, if applicable (Please furnish original for verification) 7. Fitness Certificate, if applicable (Please furnish original for verification) 8. Tax Certificate, if applicable (Please furnish original for verification) 9. Load Challan, if applicable (Please furnish original for verification) 10. Estimate for repairs from the repairer where the vehicle is to be repaired 11. Repair Bills/Invoices 12. Payment receipts after the job is completed	1. Duly filled and signed claim form. 2. Original Policy document 3. Original Registration Book / Certificate and Tax Payment Receipt 4. All the sets of Keys / Service Booklet / Warranty Card / Original Purchase Invoice. 5. Police Panchanama / FIR and Final Investigation Report / Non Traceable Report. 6. Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE" 7. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank 8. Letter of Subrogation 9. Consent towards agreed claim settlement value from yourself and Financer 10. 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 -----

DISCHARGE 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

Date:

Signature of Insured/Claimant _____

Name of Insured/Claimant _____