



# Motor Insurance Claim Form

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

- a. The claim form is to be duly filled and signed by the insured.
- b. All facts and statements must be factual not influenced or biased in any favor.
- c. The damaged vehicle must be parked at safe place to avoid any subsequent loss/Theft

**Policy Number** \_\_\_\_\_

**Claim Number** \_\_\_\_\_

**Vehicle Number** \_\_\_\_\_

## Insured Details

Please fill in your current correspondence address. Where you want us to send letters/communication for this claim

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

Mobile \_\_\_\_\_ Landline \_\_\_\_\_

Email ID \_\_\_\_\_

## Loss Details

Date & Time of accident 

D	D	M	M	Y	Y
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 \_\_\_\_\_ am/pm

Place of accident \_\_\_\_\_

Type of Loss      Own Damage          Theft                            \*Third Party                     

Short Description of Accident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police Report Details, If any \_\_\_\_\_

## Driver details at the time of accident

Name \_\_\_\_\_ Age \_\_\_\_\_

Driving License No. \_\_\_\_\_ Name of RTO \_\_\_\_\_

Learners License                       Yes                       No

Co passenger details \_\_\_\_\_

**\*Please fill the details overleaf for third party damage.**

## Declaration

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited.

**I also declare that there was/ was no third party bodily injury or property damage involve in accident.**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured

**Applicable for commercial vehicle:**

No. of Passenger carried at the time of accident	_____	G R Number & Date	_____
Permit No	_____	Permit Issuing Authority	_____
Permit Valid up to	_____	Permit valid for (Area)	_____
Fitness Granting Authority	_____	Fitness valid up to	_____

**Applicable for third party property damage or injury**

Name of Third Party/Occupants /Driver	Contact No	Type of Injury	Name of the Hospital where admitted	Any Legal/ Court Notice Received

**I hereby declare having submitted the following documents:**

<input type="checkbox"/> Copy of Policy/Cover Note	<input type="checkbox"/> Copy of Fitness Certificate
<input type="checkbox"/> Copy of RC Book	<input type="checkbox"/> Copy of Permit
<input type="checkbox"/> Copy of Driving License	<input type="checkbox"/> Copy of FIR
<input type="checkbox"/> Estimate of Repairs	<input type="checkbox"/> G.R Form

**DECLARATION**

**I/We here by declare that the details given above are true and correct to the best of my belief and knowledge .In event above information or nay part thereof is found incorrect, I agree that all rights under the policy will be fortified. I/We also agree to provide additional information to the company, if required.**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured

Corporate Office Address:

001 Trade Plaza, 414 Veer Savarkar Marg, Prabhadevi, Dadar West, Mumbai 400025

Telephone: 40976666