

Claim Form

 Toll Free Number
1800-209-5846 (1800-209-LTIN)

 Website
www.ltinsurance.com

 SMS
'LTI' to 5607058 (56070LT)

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
3. Kindly contact the Company's Office or Agent for any doubts or clarifications on the claim form.

Claim No:

Period of Insurance: To

Policy No/Cover Note No:

POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title* (Pls. Tick): Ms. Mrs. Mr.

Name*:

Correspondence Address

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office:

Mobile No.*: Landline*:

Fax No.:

Email ID 1*:

Email ID 2:

BANK DETAILS (Required for Electronic Fund Transfer)

Bank Name:

Branch: Location:

Account No: Account Type:

MICR Code: IFSC Code:

VEHICLE INFORMATION (Please provide identification details of your vehicle)

Registration No.: Make*:

Model: Registration Date:

Engine No: Chassis No:

Financers:

DETAILS OF ACCIDENT

Date: Time: Place:

Name of Police Station: FIR No.:

Name of Garage: (Vehicle dismantling & repair should not start before assessment of loss by assessor)

my:asset

Private Car Package Policy

my:asset

Two Wheelers Package Policy

my:jeevika

Commercial & Miscellaneous
Vehicles Package Policy

