

### Motor Claim Form

(Issuance of this form does not imply acceptance of the liability)

#### Personal Details of Proposer (Owner) To be filled in BLOCK CAPITALS

Policy No. \_\_\_\_\_ Cover Note No. \_\_\_\_\_  
 Policy Period \_\_\_\_\_  
 Full Name  Mr.  Mrs. \_\_\_\_\_  
 Address for Communication \_\_\_\_\_  
 Flat Building \_\_\_\_\_  
 Road/Street/Sector \_\_\_\_\_  
 Area \_\_\_\_\_  
 Taluka/Village/District/City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_  
 Name of the Bank \_\_\_\_\_ Bank Details required for Electronic Clearing Cheque  
 Branch \_\_\_\_\_  
 Account No. \_\_\_\_\_ MICR Code \_\_\_\_\_

#### Vehicle Details

Registration No. \_\_\_\_\_ Engine No. \_\_\_\_\_  
 Chassis No. \_\_\_\_\_ Model \_\_\_\_\_  
 Make \_\_\_\_\_ Date of Registration [ d , d | m , m | y , y , y , y ]  
 Financers incase if any \_\_\_\_\_

#### Details of accident

Date [ d , d | m , m | y , y , y , y ] \_\_\_\_\_ Time \_\_\_\_\_  
 Place \_\_\_\_\_  
 Name of P. S. \_\_\_\_\_ Police FIR No. \_\_\_\_\_  
 Name of Garage \_\_\_\_\_  
 Estimate of Loss \_\_\_\_\_ Garage Ph. No. \_\_\_\_\_

No. of persons traveling at the time of accident \_\_\_\_\_  
 Please narrate the accident (Do not state "Police Report attachment" or "as per Policy Report") (Please attach a separate sheet if needed)

\_\_\_\_\_

For what purpose was the vehicle being used at the time of accident? \_\_\_\_\_

\_\_\_\_\_

#### Vehicle repair satisfaction voucher

Claim No. \_\_\_\_\_  
 I/ We hereby acknowledge having received from \_\_\_\_\_ garage my/our \_\_\_\_\_ Motor vehicle  
 bearing Registration Number \_\_\_\_\_ Which has been repaired to my/our satisfaction and I/we admit that the payment of Rs. \_\_\_\_\_  
 on account of such repair by Reliance General Insurance Company Limited to the above garage is in full discharge of my/our claim upon the said company under policy  
 No. \_\_\_\_\_ in respect of the damage caused to the above mentioned vehicle in an accident which occurred on \_\_\_\_\_

Place \_\_\_\_\_ Signature \_\_\_\_\_  
 Date [ d , d | m , m | y , y , y , y ] \_\_\_\_\_ Name \_\_\_\_\_

**Driver at time of accident**

Name

Date of Birth  Licence No.

Licensing Authority  Valid upto

Type of Vehicle authorised to Drive

Is the Driver  Owner  Paid Driver  Any Other Person  If any other person, please specify \_\_\_\_\_

**Details required only for Commercial Vehicle**

Registered load carrying capacity  Load carried at time of accident

G. R. Date and No.  G. R. issued by

Authorised Passenger Capacity  No. of passenger carried at time of accident

Permit No.  Permit Issuing Authority

Permit valid upto  Permit valid for (Area)

Permit Issuance Date  Fitness Granting Authority

Date of Last Fitness Exam.  Fitness valid upto

**If there is a third party property damage or injury**

Type of T. P. Loss	Injury / Death / Property damage	Status of victim	Passanger / Dr. / Lab. / Third person
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Information required for theft, burglary claims**

Place of theft  Time noticed  Date of theft

Police Station  FIR No.

Details of any other insurance covering this vehicle

**Detail of any other insurance covering this vehicle**

Name of Insurance Company

Policy No.  Period of insurance

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 Name

Branch Address  City  State

Account No  IFSC Code

(this is a 11 digit code normally printed on your cheque leaf)

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 have received and read the Claim Procedure of the insurer attached to this Claim Form.

Place  Date  Signature of the Insured \_\_\_\_\_

**Registered & Corporate Office Address**

**Reliance General Insurance Co. Ltd.**  
**Registered Office:** Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001  
**Corporate Office:** 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031

For any assistance call **1800 3002 8282** (toll free) or **022 3989 8282** (charges apply)



## Claim Procedure: Step-by-Step Guide for Claims

### Registration of Claim

Claim has to be intimated with our Call Centre at **1800 103 1999** (toll free) or **022 4111 2600** (charges apply)

Intimate the claim to the insurance company immediately. Delay in intimation would tantamount to a violation of policy condition.

### First Step

- ▶ Please provide your mobile no. for sending SMS about your claim status from time to time.
- ▶ If there had been any injury to any passengers/a head on collision resulting in major damages/vehicle not in a motorable condition of the accident please report the matter to Police and seek a spot survey immediately before shifting the vehicle from the accident spot.
- ▶ Please rush the injured to the hospital.
- ▶ Decide on the repairer and inform us immediately once the vehicle is left at the garage.
- ▶ You can seek the help of our Call Centre Executives in identifying a cashless network garage\* close to the location of loss.
- ▶ Please try to produce the vehicle for inspection as early as possible as the policy does not pay for consequential/aggravated damages on account of delay.
- ▶ Submit all documents listed on time for a speedier claim settlement.\*\*
- ▶ Keep originals ready for verification by our loss assessor.
- ▶ Produce the vehicle for re-inspection after repairers if the loss is above Rs.20,000 and to submit bills and cash receipt within 10 days from the date of repair.
- ▶ To pay the difference bill amount over and above the liability of the insurance company before taking delivery of the vehicle from our cashless network garage, which can be on account of depreciation, salvage, excess, consumables etc.
- ▶ We suggest you to opt for a NEFT (electronic fund transfer to your bank account directly) for a hassle free claim settlement.
- ▶ In case of a loss due to riots inform police immediately.
- ▶ If loss is on account of fire, intimate fire brigade immediately and try to minimise loss.
- ▶ In case of a theft claim, report the loss immediately to the insurance company and also the police. Informing insurers immediately helps us co-ordinate with the police for tracing of the vehicle through the investigator.
- ▶ To co-operate with the investigator in a theft claim and provide necessary information sought by him .
- ▶ If you would like to lodge a claim under the personal accident cover of the policy for death or permanent total disablement or loss of limbs or eyes\*\*\* do intimate the call centre executive of the same.

\*Conditions apply

\*\*Claim amount shall be subject to the policy terms and conditions and there shall be deduction for depreciation, excess, salvage etc. as laid down in the policy terms. Please go through the policy document

\*\*\*Please refer Section III of the policy document

### Documents to be kept ready at the time of registration of a claim

- ▶ Policy Copy
- ▶ Registration Book
- ▶ Driving License

You may have to inform the insurer of the following at the time of intimation of a claim:

- ▶ How the accident took place
- ▶ Nature of damages seen on the vehicle
- ▶ Location of the accident
- ▶ Where the vehicle is available for inspection
- ▶ Injuries to passengers/driver/third parties if any

### Documents to be submitted by Insured

#### General Documents

- ▶ Claim Form to be filled-up completely & duly signed by Insured. In case of company owned vehicles stamp & sign of authorised signatory is a must
- ▶ Original Policy for verification
- ▶ Original RC with RTO Tax Receipt for verification

- ▶ Original Driving Licence for verification
- ▶ Original Permit & Permit Authorisation for verification
- ▶ Original Fitness Certificate for verification
- ▶ KYC documents for high value claims
- ▶ Cancelled cheque copy for a fund transfer (for a payment to be made in favour of claimant)

\*Any specific document required for a claim apart from those listed above would be intimated by the surveyor/the company.

#### **Additional documents for an accidental repair-own damage claim**

- ▶ Estimate of repairs
- ▶ Original F.I.R. & Panchnama, if third party damage/injury is there/theft of parts/damage on account of Riots
- ▶ Load Challan for goods vehicle & passenger list for passenger vehicles
- ▶ Permit and Fitness Certificate in case of commercial vehicles
- ▶ Insured to submit Bills & Payment Receipt to the Surveyor/nearest office of RGICL immediately on completion of repairs
- ▶ Fire Brigade Report in case of loss by fire

#### **Additional documents on theft of vehicle**

- ▶ FIR
- ▶ Non traceable certificate
- ▶ All keys of the vehicle
- ▶ Original Purchase Invoice or copy
- ▶ Letter of subrogation and indemnity on a non-judicial stamp paper of Rs.100/-
- ▶ Latest Loan account statement from financier
- ▶ NOC from financier
- ▶ Form 35 duly signed by the financier for termination of hypothecation
- ▶ Form 28, 29 and 30 duly signed
- ▶ Letter to RTO intimating them of the theft
- ▶ Letter to the manufacturer intimating them of the theft
- ▶ Letter to NCRB intimating them of the theft
- ▶ Letter to RTO /Police informing settlement by Insurance Company and advising future correspondence with Insurers

#### **Additional documents for a Personal Accident claim**

- ▶ Hospital Certificate/documents
- ▶ Death Certificate
- ▶ Post Mortem Certificate
- ▶ Legal Heir Certificate/Will/Proof of nomination
- ▶ Affidavit on non judicial stamp paper
- ▶ Certificate of disablement in case of a permanent partial disablement claim

### **Track your claim status**

You can always track your claim status -

- ▶ On our website - [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in), in the 'Claims' section  
or
- ▶ Through the Automated Interactive Voice Recorder System at our Call Centre - **1800 3002 8282** (toll free) or **022 3989 8282** (charges apply)  
or
- ▶ Speak to our Call Centre Executives at **1800 103 1999** (toll free) or **022 4111 2600** (charges apply)