

To be filled and signed by the owner of the motor vehicle. Issuance of this form is not to be taken as admission of liability by the insurance company. Please fill this form in block letters and tick (✓) the boxes where appropriate. Please take due care to fill all the columns. Please submit the duly filled claim form along with requisite documents to the company at the time of survey.

Policy / Cover Note No.: _____

Claim Number _____

Vehicle No.: _____

Chassis No.: _____

Engine No.: _____

 Date of Registration:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Kms: _____

DETAILS OF INSURED/CLAIMANT

Name as per Policy: _____

Address: _____

City: _____ State: _____ Pin: _____

Phone: _____ Mobile: _____

Email ID: _____

 Date of Birth:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

WhatsApp No.: _____

PAN No.: _____

KYC No.: _____

 Occupation: Service Marketing Non Marketing Business Other _____

 How many vehicle/s do you have 1 2 >2

 Average Kms run in year 5000 5000-10000 10000-20000 >20000

LOSS DETAILS (DETAILS OF THE ACCIDENT)

 Accident Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Accident Time:

| | |
|---|---|
| H | H |
|---|---|

 :

| | |
|---|---|
| M | M |
|---|---|

 AM/PM Location: _____

Description Of Accident: _____

Use the box below to show how the accident took place. Give exact street names, direction of vehicles involved and location of people/objects involved

Number of Occupants/Co-passengers at the time of accident (including vehicle driver): _____

 For what purpose was the vehicle used at the time of accident? Hire & Reward/Commercial Social/Domestic/Pleasure

DETAILS OF DRIVER AT THE TIME OF ACCIDENT

Name: _____

 Age:

| | |
|--|--|
| | |
|--|--|

 yrs Contact Number: _____

Correspondence: _____

Address: City: _____ State: _____ Pin: _____

Phone: _____ Mobile: _____

 Relationship with the insured: Owner Paid driver Relative/Friend

 Driving License No.: _____ License type: Permanent Learner's license:

 Valid upto:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Authorised to drive: _____ Badge No.: _____

PARTIAL / TOTAL VEHICLE THEFT
 Vehicle Stolen Parts Stolen When was it noticed:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

All keys of the vehicle in the possession of, Name: _____

(In case of vehicle theft please report the incident to the police authorities immediately)

Contact No: _____

COMMERCIAL VEHICLE

 Permit No.: _____ Permit valid upto:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Fitness No.: _____ Fitness valid upto:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 LR/GR No.: _____ Issue date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Nature of goods carried: _____

 Was a trailer attached? Yes No Load carried:

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 kgs

