



Date of Registration: 

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

 Kms: \_\_\_\_\_

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

Was a trailer attached? ☐ Yes ☐ No Load carried      kgs



Police report lodged: ☐ Yes ☐ No If Yes, FIR No.: \_\_\_\_\_ Police Station: \_\_\_\_\_  
 Death / Injury to any occupants / Third Party (others): ☐ Yes ☐ No Third Party Property Damage: ☐ Yes ☐ No  
 If yes, please provide additional details \_\_\_\_\_

In case of additional names/details to be provided, please use a separate sheet of paper and attach it with this claim form. Please provide a copy of any legal/court notice received pertaining to this accident (if any).

Please submit Cancelled Cheque for Direct Fund Transfer/EFTs

Where the vehicle is owned by a Partnership or Corporate Body or institution, by an authorised signatory of such partnership or a Corporate Body along with the seal of the concerned organisation.

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