MAGMA
General Insurance Limited

CLAIM FORM – MOTOR INSURANCE

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 ?ll 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 ☐ I Agree to get updates on WhatsApp WhatsApp No.:

PAN No.: CKYC No.:

Occupation: ☐ Self-Employed ☐ Salaried ☐ Professional ☐ 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

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DETAILS OF INJURY AND POLICE REPORT

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

Name	Address	Contact Number	Nature of Injury	Details of Property Damage

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)

WITNESS DETAILS

Name

Age yrs Contact Number

DIRECT FUND TRANSFER / EFT MANDATE FORM

I / We hereby authorize Magma General Insurance Limited to transfer the claim amount payable under:

Claim No.: _____, to My/Our Bank Account No.:

held with _____ (Name of bank), in Branch,

located at City. The MICR code is and

the IFSC code is Account Type: ☐ Savings ☐ Current

Please submit Cancelled Cheque for Direct Fund Transfer/EFTs

UPI TRANSFER

UPI ID to transfer to the claim amount : _____

DECLARATION BY THE OWNER OF THE VEHICLE

I/we the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect, and I/we have made, or in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment of fact, the policy shall be void and all right to recover thereunder, in respect of past, present or further accidents shall be forfeited. I/We agree to provide additional information to the company, if required and understand that the Company reserves the right of verification/investigation of facts and documents relating to the policy and claim.

Place _____

Date D D M M Y Y Y Y

Signature / Thumb impression of the Insured Name:

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.

INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

Accident Claims

• Registration Certificate* of the vehicle • Driving license* of the driver at the time of accident • Police panchanama / FIR, if accident reported to the police • Original estimate of repairs • KYC documents • Fitness Certificate** of the vehicle • Road permits** of the vehicle • Goods receipt**/ Lorry Receipt** of the vehicle • FIR is mandatory in case of Riots, Strike & Malicious act • Original repair invoice with payment receipt after repairs have been completed

Theft of Entire Vehicle Claims

• FIR copy • RTO transfer papers* (Form 28 , 29 and 30) and • Form 35/NOC signed by financier, if applicable • Letter of subrogations • KYC documents • NOC from financier, if hypothecation exists • Copy of Intimation letter to RTO on the vehicle theft • Original policy document • Non Traceable certificate • Original vehicle registration certificate • All original keys of the vehicle/service book/original purchase invoice

*Original documents to be shown when requested by the company
** For commercial vehicles
Additional documents required by us (if any) will be intimated to you as & when required