



**C. VEHICLE DETAILS**

Reg. No.

Make  Model

Chassis No.  Engine No.  Odometer Reading

Colour  Date of Registration  RTO Jurisdiction

Vehicle Class :  Two Wheeler  Pvt. Car  Others (specify) \_\_\_\_\_

**D. DRIVER DETAILS**

Name of Driver  Date of Birth

Relationship with Insured  Gender :  M  F

Qualification :  Below 10th Std.  10th Pass  12th Pass  Graduation  PG

Contact Number : Phone STD Code  No.  Mobile + 9 1

E-mail ID

Driving License No.

Date of Issue  Date of Expiry

Issuing RTO  Type of License :  Permanent  Temporary

Class:  M-Cycle W/G  M-Cycle Wo/G  LMV  Transport  Non-Transport  HGV  Passenger

Special Endorsements, if any \_\_\_\_\_

**E. THIRD PARTY DEATH/INJURY/PERSONAL ACCIDENT DETAILS**

(Attach additional sheet, if required)

Sl. No.	Name of person	Whether TP Passenger	Address	Contact No.	Death/Type of Injury	Name of Hospital where admitted	Name of Attending Doctor	Details of Any Legal/ Court Notice received

Any other information \_\_\_\_\_

**DECLARATION**

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 agree that if 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, the Company may forfeit the entire claim, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accidents shall be forfeited.

I/We have attached the list of documents with this claim Form and have understood the entire requirement to be fulfilled for administration of this claim and the Company shall not be held responsible for any delay in settlement of claim due to non-fulfilment of requirements including the documents as mentioned in the claim form.

I/We agree to provide additional information and additional documentation to the Company, if required. I/We further authorise the Company to access my/our information relevant to the Claim under process.

Place :

Date :

Signature : \_\_\_\_\_

Name of Insured / Claimant : \_\_\_\_\_

**\* INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT**

For Accident Claims	For Theft Claims
1. Proof of insurance - Policy / Cover Note copy 2. Copy of Registration Book, Tax Receipt [Please furnish original for verification] 3. Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification) 4. Police Panchnama / FIR 5. Estimate of repairs from the repairer where the vehicle is to be repaired 6. Repair Bills/Invoices and payment receipts after the job is completed 7. Discharge Voucher	1. Original Policy document 2. Original Registration Book / Certificate and Tax Payment Receipt 3. All the sets of keys / Service Booklet / Warranty Card / Original Purchase Invoice 4. Police Panchnama / FIR and Final Report / Non Traceable Report 5. Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE" 6. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financier 7. Subrogation cum special Power of Attorney 8. Consent towards agreed claim settlement value from yourself and Financier 9. NOC from the Financier if claim is to be settled in your favour 10. Indemnity bond & discharge voucher
• Additional documents required by us if any, will be intimated to you as and when required	