



MOTOR INSURANCE - CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Please ensure that this form is completed (in capital letters) in all respects. Please attach additional sheet(s) if required to answer a question with more detail and mention the serial number of the question.

For Office use only Please submit the following (along with a set of photocopies) during submission of this form

Date of issue:	<input type="checkbox"/> Original Registration of Book	<input type="checkbox"/> Estimate of Repairs
Claim No. :	<input type="checkbox"/> Original Driving License	<input type="checkbox"/>
	<input type="checkbox"/> Police First Information Report	<input type="checkbox"/>

1. POLICY NO. / COVER NOTE NO. : Period : From to

2. NAME & ADDRESS OF THE INSURED

.....

 Pin : Phone : Office..... Extn. Residence Mobile.....
 Fax : E-mail

3. VEHICLES DETAIL :

a. Registration No.:	b. Make:
c. Engine No. :	d. Chassis No. :
e. Financier's interest if any :	f. Date of (First) Registration :

4. ACCIDENT DETAILS

a. Date & Time of Accidentat.....a.m./p.m.
 b. Place of Accident
 c. Please Narrate the accident. (Do not state "Police Report attached" or "as per police report")

d. For what purpose was the vehicle being used at the time of accident

 e. Nature and weight of goods carried at the time of accident ? (Applicable for Goods Vehicle)

 f. Number of People travelling in the vehicle and in what capacity ?

 g. Was the accident reported to the Police ? Yes No If yes which Police Station
 h. General Diary / Crime Number

CLAIMS DEPARTMENT - CONTACT DETAILS

PTO

DELHI	MUMBAI	CHENNAI	KOLKATA
Tel.: 0124 - 5055567 Mobile: 98109 55567 Fax: 0124 - 238 3829	Tel.: 022 - 5005 5567 Mobile: 98205 55567 Fax: 022 - 5504 1200	Tel.: 044 - 521 55567 Mobile: 98404 55567 Fax: 044 - 2851 7376	Tel.: 033 - 2281 4455 Mobile: 98312 55567 Fax: 033 - 2283 1599

5. DRIVER DETAILS :

Name of the Driver.....Date of Birth

Driving Licence No. : Expiry Date

Name / Location of the Issuing Authority.....

Type of the Vehicle authorised to drive.....

Is the driver owner Paid Driver Any other person If any other person, please specify

6. DAMAGE TO VEHICLE : (Please do not dismantle the vehicle till it is subject to a detailed survey)

When & Where the vehicle can be inspected ? :

Phone : Mobile :

7. INJURY / DEATH DETAILS :

Occupants of the Insured vehicle :

Sl. No.	Name & Address with Phone Number	Age	Male / Female	In what Capacity* he/she travelled	Nature of Injury etc.
1.					
2.					
3.					
4.					
5.					

* Driver / Friend / Relative / Employee / Passenger / Others

8. a. Third Party Injury / Death

Sl. No.	Name & Address with Phone Number	Age	Male / Female	Nature of Injury etc.

Has notice of a third party claim been given to you? Yes No If Yes, please enclose with this form

Detail of witnesses to the accident. Please specify detail.....

b. THIRD PARTY PROPERTY DAMAGE DETAILS : (Also including other vehicle if any involved)

.....

.....

9. THEFT :

a. Date & Time of theft on at a.m./p.m

b. Place of theft :

c. Address of the police station to which it was reportedFIR No.

d. State the circumstances in which the theft occurred :

.....

.....

.....

10. OTHER INSURANCE DETAILS :

Is there any other insurance policy indemnifying you in respect this accident ? If yes, please give details :

I declare that to the best of my knowledge and belief these particulars are full and true. I agree to provide any further information or documents or assistance that may be required for processing my / our claim.

Date :

Signature of the Insured with Date