



Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

MOTOR INSURANCE CLAIM FORM

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

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Policy No.: _____

Claim No. : _____

A. INSURED

| | |
|---------------------|---|
| Name | _____ |
| Address line 1 | _____ |
| Address line 2 | _____ |
| City | _____ State _____ Pin Code _____ |
| Phone No. | _____ Mobile No. _____ Email _____ |
| Business/Occupation | _____ Period of Insurance From ___/___/___ To ___/___/___ |

B. DETAILS OF ACCIDENT/ LOSS

| | |
|---|------------------------------------|
| Date of Loss ___/___/___ | Time ___:___ AM / PM |
| ACCIDENT LOCATION | |
| Address line 1 | _____ |
| Address line 2 | _____ |
| City | _____ State _____ Pin Code _____ |
| Phone No. | _____ Mobile No. _____ Email _____ |
| Describe cause of Loss/Damage _____ | |
| _____ | |
| _____ | |
| <i>(Show the accident using the sketch diagram on page 3 of the form)</i> | |
| Estimated Loss (Rs.) _____ | |

| WITNESS DETAILS | INFORMATION TO AUTHORITY |
|---|---|
| Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify | Have any authority been informed about <input type="checkbox"/> Yes <input type="checkbox"/> No Accident / Loss? If "Yes", specify |
| Name of the witness _____ | Name of the Authority _____ |
| Address line 1 _____ | Contact Person _____ |
| Address line 2 _____ | Authority reference no. _____ |
| City _____ | Address line 1 _____ |
| State _____ | Address line 2 _____ |
| Pin Code _____ | City _____ State _____ |
| Phone No. _____ | Pin Code _____ Phone No. _____ |
| Mobile No. _____ | Mobile No. _____ Email _____ |
| Email _____ | |

C. VEHICLE DETAILS

| | | |
|---|------------------------------|-------------|
| Reg. No. _____ | Make _____ | Model _____ |
| Chassis No. _____ | Engine No. _____ | |
| Date of Reg. ___/___/___ | Date of Transfer ___/___/___ | |
| Type of Fuel _____ | Color of the Vehicle _____ | |
| Vehicle Class <input type="checkbox"/> Private car <input type="checkbox"/> Two Wheeler <input type="checkbox"/> Commercial Vehicle | | |

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the vehicle? If "No", specify details Yes No

Nature of the Insured interest _____

Person/s who has interest on property _____

His nature of interest _____

Address line 1 _____

Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

E. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details Yes No

Name of the Insurer _____

Address line 1 _____

Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

Policy No. _____ Period of Insurance From ___/___/___ To ___/___/___

F. DRIVER DETAILS

Name of the Driver _____

Relation with Insured _____ Gender Male Female

Address line 1 _____ Date of Birth ___/___/___

Address line 2 _____ Phone No. _____

City _____ Mobile No. _____

State _____ Pin Code _____

Driving License No. _____ Issuing RTO _____

License Validity From ___/___/___ To ___/___/___

Type Permanent Temporary

Class M-Cycle (W/G) M-Cycle (Wo/G) LMV Transport Non - Transport HGV Passenger Goods

G. ACCIDENT / THEFT DETAILS

Speed : _____ Kms./Hr.

Type of Loss : Own Damage Theft Partial Theft Third party Injury

Third Party Property Damage Personal Accident Third party Death

Purpose for which vehicle was being used at the time of Accident /Theft _____

No. of people traveling / weight of goods carried at the time of accident _____

In case of theft, keys lying with? _____ Contact No. _____

H. GARAGE DETAILS

Name of the Garage _____

Name of the Contact person _____

Address line 1 _____

Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

I. THIRD PARTY INJURY / PERSONAL ACCIDENT DETAILS

| Sr. No. | Name of Injured Person | Whether TP/Passenger | Address | Contact No. | Type of Injury | Name of the Hosp. where Admitted | Doctor Attending | Any Legal / Court Notice Received |
|---------|------------------------|----------------------|---------|-------------|----------------|----------------------------------|------------------|-----------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

J. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?

If "Yes", specify

Yes No

Sketch diagram of accident

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, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover thereunder in respect of past or future loss/accidents shall be forfeited.
- I/We have received a 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-fulfillment of requirements including the documents as mentioned in the claim form.
- I/We agree to provide additional information to the Company, if required.

Place:

Signature:

Date:

Name of Insured:

| LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT | |
|--|--|
| (To be submitted to the nearest USGI Office) | |
| For Accident / Theft Claims | Additional documents 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 [with original] of the person driving the vehicle at the time of accident 4. Police Panchanama /FIR (In case of Third Party property damage /Death / Body Injury) 5. Estimate for repairs from the repairer where the vehicle is to be repaired 6. Repair Bills and payment receipts after the job is completed | 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 Panchanama/ FIR and Final Investigation Report/Untrace Report. 5. Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON-USE" 6. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank 7. Letter of Subrogation 8. Consent towards agreed claim settlement value from you and Financer 9. NOC of the Financer if claim is to be settled in your favour. |
| *Additional documents required by us if any, will be intimated to you as and when required. | |

DISCHARGE VOUCHER

Claim No. _____

I/We hereby acknowledge having received sum of Rs. _____ from _____ Universal Sompo General Insurance Company Ltd. towards full and final settlement of my/our claim upon the said company under Policy No _____ in respect of the damage caused to my/our vehicle No _____ in an accident that occurred on ____/____/____ (DD/MM/YYYY).

Place:

Signature:

Date:

Name of Insured: