



Claim form for Motor Vehicle
(TO BE FILLED BY OWNER OF VEHICLE)

(The issue of this form is not to be taken as an admission of liability please answer all questions fully)

For claim Number please call on Toll Free Number 1800-209-8888

INFORMATION ABOUT INSURED : POLICY / COVER NOTE NO. CLAIM NO.
Name
Correspondence Address
Res. Tel. No. Off. Tel. No.
Fax No. (Mobile Number & Email ID is essential for the Insurer to keep the customer informed about claim process)
Mobile E Mail Id

Average yearly income
Occupation
No. of members there in your Family
How many of them are above 18
How many of them drive the vehicle
How many vehicle do you have
Average kms run in year
How many times you claimed in last 2 years
Usage
Anti theft Device in the Vehicle

INFORMATION ABOUT INSURED VEHICLE :
Registration No. Make Model
Date of Registration Mileage kms
Chassis No. Engine No.
Class of Vehicle
Hypothecation / Hire purchase agreement

DETAILS ABOUT THE DRIVER (At time of accident)
Name
Correspondence Address
Driver is
Was he under the influence of intoxicating liquor or drugs?
Driving license number Issuing authority
Date of expiry
Driving license type
Details of endorsements, suspension if any
Was the license temporary?

DETAILS OF ACCIDENT :
Date Time
Exact location of accident (Address / Spot of Accident with landmark)
Give brief description of the accident
Was any third party responsible / liable for the accident?
If yes, please provide a copy of FIR Details

