

Motor Insurance Claim Form

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

olicy Number	Claim Number Vehicle Number					
nsured Details						
	ondence address. When	e you want us to send letters/communication for	or this claim			
City		Pin				
Mobile		Landline				
Email ID						
Loss Details						
Date & Time of accident	D D M M	am/pm				
Place of accident	1 1					
Orran	ъ п		TI 1 D			
Type of Loss Own	Damage	Theft \(\Boxed{\sigma} \ *7	Third Party			
Type of Loss	Damage	Theft \(\bigcup \ *?	I hird Party			
Short Description of	Damage	Theft \(\bigcup *?	Third Party			
Short Description of	Damage	Theft \(\big *5	Third Party			
Short Description of	Damage	Theft \(\bigcup \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I hird Party			
Short Description of Accident		Theft	I hird Party			
Short Description of Accident Police Report Details, If a	any	Theft - *	I hird Party			
Short Description of Accident Police Report Details, If a Driver details at the time	any		I hird Party			
Police Report Details, If a Driver details at the time Name Driving License No.	any	Theft	I hird Party			
Police Report Details, If a Driver details at the time Name Driving License No.	any	Age	I hird Party			
Police Report Details, If a Driver details at the time Name Driving License No. Learners License Co passenger	any e of accident	Age Name of RTO	I hird Party			
Police Report Details, If a Driver details at the time Name Driving License No. Learners License Co passenger etails	e of accident	Age Name of RTO No	I hird Party			
Police Report Details, If a Driver details at the time Name Driving License No.	e of accident	Age Name of RTO No	I hird Party			
Police Report Details, If a Driver details at the time Name Driving License No. Learners License Co passenger etails	e of accident	Age Name of RTO No	I hird Party			
Police Report Details, If a Driver details at the time Name Driving License No. Learners License Lo passenger etails Please fill the details overleader overleader that the details overleader that the details overleader that the details overleader overle	e of accident Pes Af for third party details given above an	Age Name of RTO No	and knowledge. In t	he event		

Applicable for comm							
No. of Passenger car	ried at the time of			C. D. Number & Date			
accident			G R Number & Date				
Permit No			Permit Issuing Authority				
Permit Valid up to			Permit valid for (Area)				
Fitness Granting Authority			Fitness valid up to				
Applicable for third	party property d	amage or inj	ury				
Name of Third Party/Occupants /Driver Contact No		Type of Injury		Name of the Hospital where admitted	Any Legal/ Court Notice Received		
I hereby declare ha		e following d	locume		£ aata		
Copy of Policy/Cover Note			Copy of Fitness Certificate				
☐ Copy of RC Book			☐ Copy of Permit				
☐ Copy of Driving License			☐ Copy of FIR				
Estimate of Repairs			☐ G.R Form				
		ECLARATIO					
knowledge .In event	above information	n or nay par	t thereo	and correct to the best of of is found incorrect, I agr de additional information	ee that all rights		
					0.7		
Date			Signature of Insured				