



**Private Package Policy - Claim Form**

(Please read the instructions given on the reverse before you fill the form.) (To be filled in by the Insured Policy Holder or Insured's Representative duly authorized by Power and Attorney. Issuance of this claim form is not to be taken as an admission of liability.)

Policy No.

Client No.

**DETAILS OF THE INSURED PERSON AND VEHICLE**

Insured Name (Mr./ Mrs./ Ms.)

Address of Correspondence

City  Pin

Tel.:  Mobile\*

Email

PAN No.  Vehicle No.

Engine No.  Chassis No.

**DETAILS OF THE DRIVER AT THE TIME OF ACCIDENT**

Name

Address

City  Pin

Tel.:  Mobile\*

Email  DOB:

Driver is:  Owner  Paid Driver  Relative/Friend. Was he under influence of liquor/drugs:  Yes  No

Driving License No:  Issuing Authority  Driving License Expiry Date

Type of Vehicles authorized to drive (tick one):  LMV  Transport  Motorcycle

**DETAILS OF THE ACCIDENT AND DAMAGE TO THE INSURED VEHICLE**

Date  Time  am/ pm Place

Cause of Damage:  Accident  Riot, Strike, Malicious Act  Theft and Burglary  Flood, Storm, Tempest  Fire, Explosion, Self-ignition

Earthquake  Terrorism  In transit

No. of Occupants  Estimated Cost of Repairs

Give a short description of the accident:

**THIRD PARTY INJURY / PROPERTY DAMAGE**

(To be filled in only where a third party injury/death or third party property damage has taken place)

Name

Occupation  Is third party your employee  Yes  No

Address

City  Pin

Tel.:  Mobile\*

Full Details of Personal Injury

Name and Address of Hospital/

City  Pin

Doctor attending to the injured person

Full details of Property damage

Has a claim notice been given to you  Yes  No

**INJURY TO DRIVER / OCCUPANT**

(To be filled in only when the driver or the occupant is injured)

Was driver or any occupant injured  Yes  No

If yes give details

