



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
 Full Details of Personal Injury
 Name and Address of Hospital/ Doctor attending to the injured person

 City Pin
 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

