

# Kotak Car Secure CLAIM FORM

## For claim number please call on our Toll Free Number 1800 266 4545

#### **GUIDELINES FOR COMPLETION OF THE FORM**

1) Claim form is to be filled in BOLD AND BLACK INK; filled & signed by the insured. Fields marked\* are MANDATORY.

- 2) Please do not leave any column unanswered.
- 3) Please provide complete information in respect to all details sought under this claim and ensure that all details are completed truthfully and accurately.
- 4) All facts and statements must be factual not influenced or biased in any form.
- 5) Please read carefully the attached list of documents required to speed up processing of your claim.
- 6) The issue of this form is not to be taken as an admission of the Company's liability.

TYPE OF LOSS					
Own Damage	Third Party	Bodily Injury	Propei	rty	
INSURED DETAIL'S					
Policy/CoverNoteNo.*				Claim No.	
Title Mr. / Ms. / D	r. / M/s / Others				
Name*					
	First Name		Middle Name	Last Nar	ne
Gender*	Male	Female	Date	e of Birth* D D M M Y	YYYY
Permanent Address*					
Address (Line 1)					
Address (Line 2)					
Nearest Landmark			City / District		
State			Pin Code	Countr	ry
Is Correspondence Address	(where the vehicle is	s normally kept and used) sa	ime as Permanent Addres	s?* Yes No i	f 'No', please provide below
Address (Line 1)					
Address (Line 2)					
Nearest Landmark			City / District		
State			Pin Code	Countr	у
Phone No.			Mobile*		Correct
Emergency Contact No.			Email*		communication details would enable us contact
PAN / Other ID Details					you & process the claim smoothly
Profession*	CA	Paramilitary Services	Govt.Teacher	Govt. Employee Medica	al Doctors Others
INSURED VEHICLE DETAIL	LS				
Date of Registration*	D M M Y Y	Y Y R	egistration*		0
Engine Number*		C	hassis Number*		Vehicle details should
Make of Vehicle*		N	1odel*		match with RC details
Odometer Reading		Kms.			
Is the insured vehicle under	* Hire Purcha	ase Lease Agreeme	nt Hypothecation	Agreement None of th	e Above
If, yes, give the name and a	ddress of the concerr	ned parties			
		<u> </u>			

DETAILS ABOUT THE DRIVER (At the time of accident)*				
Title Mr. / Ms. / Dr. / M/s / Others				
Name*				
First Name Middle Name Last Name				
Gender*     Male     Female     Date of Birth*     D     D     M     Y     Y     Y				
Permanent Address*				
Address (Line 1)				
Address (Line 2)				
Nearest Landmark City / District Image: City / District				
State     Pin Code     Country     Country <th< td=""><td></td></th<>				
Is Correspondence Address same as Permanent Address?*				
Address (Line 1)				
Address (Line 2)				
Nearest Landmark City / District City / District				
State     Pin Code     Country     Country <th< td=""><td></td></th<>				
Mobile*     Email*				
Driver is Owner Paid driver Relative / Friend If paid driver, how long has he been in your employment?	yrs.			
Was he under the influence of intoxicating liquor or drugs? Yes No Driving license number*				
Issuing authority Date of expiry D D M M Y Y Y Was the license temporary? Yes	No			
Driving License for* HCV LCV LMV Motor Cycle Scooter without Gear				
Details of endorsements, suspension if any				
DETAILS OF ACCIDENT				
Date D M M Y Y Y Time H H M A.M /P.M Speed of Vehicle Kmph V				
No. of Occupants Evact Location of Accident (Address / Spot of Accident with Landmark)	Accurate details will help in faster processing of the			
	laim			
Give brief description of the accident:	)			
Right Side				
Front Under Body Rear				
Left Side				
Was any third party responsible / liable for the accident? Yes No (If yes, please provide a copy of FIR Details)				
DETAILS OF GARAGE				
Garage Name Garage Phone Number	Can oan			
	ustomer support n toll free No.			
fi	800 266 4545 to nd out settlement arage the nearest			
	ashless			

OCCUP	ANT / PASSENGER / THIRD	PARTY INJURY DETAILS			
S. No.	Name	Address	Phone No.	Capacity	Nature of Injury
1.					
2.					
3.					
4.					
Brief des	cription of third party property o	damage (include other vehicle involved)			
WITNES	SS DETAILS (For Theft And Th	hird Party Injury / Damage)			
Were the	ereany Witness Yes	No If, yes furnish the below detail	5		
	ndCorrespondence Address o				
Residence	ce Tel. No.	Office Tel. No.			
Mobile					
Was acc	ident reported to Police	Yes No If not, reasons			
If yes fur	rnish the following details				
Name of	f the Police station	FIR No. / CR Dairy Number			
FIR Date		M M Y Y Y Y N Name of attending inspect	cor		
PARTIA	L / TOTAL THEFT				
Date	DDMMYYY	Y     Time     H     M     M     A.M/P.M     Place of	ftheft		
Circums	tances relating to theft	ltems s	tolen(for partial theft)		
Estimate	ed cost of replacement (for part	ial theft claims)₹ By who	m discovered and report	ed	
Has thef	t been reported to Police	Yes No If yes, p	rovide the following deta	ails	
When (d	date & Time) D D M M	Y     Y     Y     H     H     M     M     A.M/P.M     Name of the second secon	of the Police station		
	CR Dairy Number		of attending inspector		
Any othe	er relevant information related	to processing of claim?			
CONSE	NT FOR MODE OF CLAIM PA	YMENT (Reimbursement Claims)			
Modeof	Payment (Please tick for moc	le of payment) Cheque Fund Transfer (All Fie	lds are Mandatory in case	e of Fund Transfe	er)
Insured's	s Name as per Bank Account	Bank Account Num	ber		Incomplete ban details could
Bank Na	-	Branch Name			result in delayed reimbursement of claim
City		State			
IFSC Cod	de	Email address			
Attachm	nents (Please tick the type of pro	pof submitted) Cancelled Cheque Bank I	Passbook Copy		]
	will be delivered at the corresp				



#### **DOCUMENTS REQUIRED**

For Accident Claims	For Theft Claims	For Third Party Claims
Claim Form Duly Signed*	Claim Form Duly Signed*	Claim Form Duly Signed*
R. C. Copy** of the Vehicle	R. C. Copy** of the Vehicle with All Original Keys	R. C. Copy** Of the Vehicle
Driving License Copy**	Driving License Copy**	Driving License Copy**
Policy Copy - (First 2 Pages only)	Policy Copy - (First 2 Pages only)	Policy Copy - (First 2 Pages only)
FIR Copy	FIR Copy, Untrace Report, Dumping Yard Certificate	FIR Copy
Estimate of repairs	NOC from Finance Company (If Hypothecated)	MACT / Legal Notice
Original Repair Invoice, Payment Receipt	Documents as required by AML Guide Line	Documents as required by AML Guide Line
Documents as required by AML Guide Line	Letter of Indemnity and Subrogation*	
КҮС	KYC	
	Previous Insurance details	
	Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON - USE"	
	Form 28, 29 , 30 signed by the insured and form 35 signed by the financer, as the case maybe undated and blank	
	Consent towards agreed claim settlement value from you and financer	
	Blank and Undated "Vakalatnama"	

\*Stamp required in case of company \*\*Original Documents to be produced for verification.

### DECLARATION

I/We hereby declare that the statements made by me/us in this Claim Form are true to the best of my/our knowledge and belief.

Place	



Signature / Thumb Impression of the Insured

Kotak Car Secure UIN: KMG-MO-P16-47-V01-15-16; Depreciation Cover UIN: KMG-MO-A00-00-24-V01-15-16; Consumables Cover UIN: KMG-MO-A00-00-25-V01-15-16; Engine Protect UIN: KMG-MO-A00-00-26-V01-15-16; Return to Invoice UIN: KMG-MO-A00-00-27-V01-15-16; Roadside Assistance UIN: KMG-MO-A00-00-28-V01-15-16;