

Motor Claim Form

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
3. Kindly contact the Company's Office or Agent for any doubts or clarifications on the claim form.
4. The issuance of this form does not imply admission of liability.

Claim No:

Period of Insurance: To

Policy No/Cover Note No:

POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title* (Pls. Tick): Ms. Mrs. Mr.

Name*:

Correspondence Address

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office:

Mobile No.*: Landline*:

Fax No.:

Email ID 1*:

Email ID 2:

BANK DETAILS (Required for Electronic Fund Transfer)

Bank Name:

Branch: Location:

Account No: Account Type:

MICR Code: IFSC Code:

VEHICLE INFORMATION (Please provide identification details of your vehicle)

Registration No.: Make*:

Model: Registration Date:

Engine No: Chassis No:

Financiers:

DETAILS OF ACCIDENT

Date: Time: Place:

Name of Police Station: FIR No.:

Name of Garage: (Vehicle dismantling & repair should not start before assessment of loss by assessor)

Where the vehicle is taken for repairs



HDFC General Insurance Limited

(Formerly L&T General Insurance Company Limited)

An HDFC ERGO Company

Estimate of Loss: Rs.

Garage Phone No:

No. of persons travelling in the vehicle at the time of accident:

Please narrate the accident (please attach additional sheet/s if required):

For what purpose was the vehicle being used at the time of accident:.....

DRIVER DETAILS (Person who was driving the vehicle)

Name of Driver:

Date of Birth: Licensing Authority: License No:

License Valid Upto: Type of Vehicle authorized to Drive: Gender: M F

Is the Driver (please tick): Owner Paid Driver Any other person (please specify).....

DETAILS REQUIRED FOR COMMERCIAL VEHICLES

Registered load carrying capacity: Load carried at the time of Accident:

G R Date and No: G R Issued by:

Authorized Passenger Capacity: No. of Passengers at the time of accident:

Permit No.: Permit Issuing Authority:

Permit Valid up to: Permit Valid For (Area):

Permit Issuance Date: Fitness Granting Authority:

Date of Last Fitness Exam: Fitness Valid Up to:

IF THERE IS A THIRD PARTY (TP) DAMAGE OR INJURY (Attach separate sheet for additional details)

Type of TP Loss	Injury/Death/Property Damage	Status of Victim	Passenger/Driver/Third Person

INFORMATION REQUIRED FOR THEFT BURGLARY CLAIMS

Place of Theft: Time Noticed: Date of Theft:

Police Station: FIR No:

DETAILS OF ANY OTHER INSURANCE COVERING THIS VEHICLE

Name of Insurance Company:

Insurance Policy No.: Period of Insurance: To

DECLARATION

I/We agree to provide additional information to the Company, if required. I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited. I understand that the Company reserves the right of verification of facts and documents relating to the policy and claim

I/We authorize HDFC General Insurance Limited to share my/our contact information like name, company name, address, phone number and e-mail id etc. relating to me / us, with their affiliate/group companies and also for communicating any promotional marketing offers and other transactional / features / products / services of HDFC General Insurance Limited and its affiliate group companies via SMS Telephone

Place:

Date:

Signature of Insured