

MOTOR CLAIM FORM

(Issuance of this form does not imply acceptance of the liability)

Toll Free 1800 12000

All fields in the form are mandatory

- a. The claim form is to be filled in CAPITAL LETTERS & duly signed by the insured.
- b. All facts and statements must be factual, not influenced or biased in any form.
- c. The damaged vehicle must be parked at safe place to avoid any subsequent loss/theft. Company will not be responsible for the same.
- d. Please read carefully the attached list of documents required to speed up processing of your claim.

Policy Number:

Claim Number:

Insured Details

Insured Name: Address:

City: State: Pin Code:

Contact No. 1: Contact No. 2:

Mail ID:

Vehicle Details

Vehicle No: Chassis No:

Engine No: Make:

Model: Registration Date:

Details of Accident/Theft

Date: Time: Place: No. of occupants excluding driver:

Purpose of Travel: Description of Accident:

Driver Details

Driver Name: Mr/Mrs/Miss

Licence No: Type of vehicle authorised to drive:

Learner Licence: Yes No Expiry Date: Contact No:

Relationship with Insured: Date of Birth:

Qualification: Occupation:

Bank details for NEFT payment (Please attach a cancelled cheque)

Bank Name: Branch name:

IFSC Code: Account Number:

Signature of Insured

Additional Details for Commercial Vehicles

 Permit No:

 Valid up to:

 Fitness no:

 Valid up to:

 Load Challan Weight:

 Load Challan date:

Third Party Death/Injury/Personal Accident Details

Name of Person	Whether TP/ Passenger	Contact Number	Injury/ Death	Details of Any Legal/Court Notice Received.

Declaration

I/WE hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above information or any part thereof is found incorrect, I agree that all rights under the policy will be forfeited. I/We also agree to provide additional information to the company, if required.

 Date :

Place: _____

Signature of Insured:

Documents required for Accidental claims	Documents required for Theft Claims	Documents required for PA & TP claims
<ol style="list-style-type: none"> 1. Claim Form Duly signed by Insured 2. Registration Certificate copy of the vehicle 3. Driving Licence 4. FIR or Police Panchanama copy 5. Repair Estimate 6. Repair bills and payment proof/ Discharge Voucher. 7. Documents required by AML guideline. <p>Additional documents required for Commercial vehicle:</p> <ol style="list-style-type: none"> 1. Fitness certificate 2. Permit certificate 3. Road Tax receipts 4. Load Challan 	<ol style="list-style-type: none"> 1. Claim Form Duly signed by Insured 2. Original Policy Document 3. Original Registration Certificate, Permit, Fitness, Tax. 4. All original keys/Service Booklet/ Warranty Card/ Original purchase invoice. 5. Police Panchanama/FIR and Final report/ Non Traceable report. 6. Acknowledged copy of letter addressed to RTO intimating theft and forming 'NON-USE'. 7. RTO Transfer papers duly signed. 8. Consent towards agreed claim settlement value from yourself and Financier. 9. NOC from the Financier if claim is to be settled in your favour. 10. Subrogation Letter, Indemnity bond and Discharge voucher. 11. Documents required by AML guideline. 	<p>Personal Accident:</p> <ol style="list-style-type: none"> 1. Death Certificate 2. Post-mortem report 3. Legal Heir certificate 4. Certificate of Disablement, in case of permanent partial disability <p>TP Claims:</p> <ol style="list-style-type: none"> 1. Insurance Policy copy 2. Claim Form duly signed 3. Police FIR Copy 4. Registration Certificate copy 5. Driving License copy 6. MACT/Legal Notice 7. Claimant details 8. Supporting documents
Additional documents in specific claims shall be intimated separately.		

Discharge cum Satisfaction Voucher (Motor Claim)

Claim Number:

Vehicle Number:

I/We hereby taking delivery of the vehicle from _____ which has been repaired to my/our complete satisfaction and I/We authorise our Insurer **Edelweiss General Insurance Company Limited** to make the payment of ₹. _____ to the workshop towards Full & Final settlement of the above claim. I/We are fully satisfied with the Full & Final settlement of my/our claim on the policy number _____ and herewith discharge the Insurer from all liabilities arising out of this claim.

I/We hereby also subrogate all my/our rights and remedies to the company in respect of the above loss/damage.

Date:

Place: _____

Signature of Insured: