

# 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  |
|---|--|--|
| 1. Claim Form Duly signed by Insured<br>2. Registration Certificate copy of the vehicle<br>3. Driving Licence<br>4. FIR or Police Panchanama copy<br>5. Repair Estimate<br>6. Repair Bills and payment proof/ Discharge Voucher.<br>7. Documents required by AML guideline.<br><b>Additional documents required for Commercial vehicle:</b><br>1. Fitness Certificate<br>2. Permit Certificate<br>3. Road Tax Receipts<br>4. Load Challan | 1. Claim Form duly signed by Insured<br>2. Original Policy Document<br>3. Original Registration Certificate, Permit, Fitness, Tax.<br>4. All original keys/Service Booklet/ Warranty Card/ Original Purchase Invoice.<br>5. Police Panchanama/FIR and Final report/ Non Traceable report.<br>6. Acknowledged copy of letter addressed to RTO intimating theft and forming 'NON-USE'.<br>7. RTO Transfer papers duly signed.<br>8. Consent towards agreed claim settlement value from yourself and Financier.<br>9. NOC from the Financier if claim is to be settled in your favour.<br>10. Subrogation Letter, Indemnity bond and Discharge Voucher.<br>11. Documents required by AML guideline. | <b>Personal Accident:</b><br>1. Death Certificate<br>2. Post-mortem Report<br>3. Legal Heir Certificate<br>4. Certificate of Disablement, in case of permanent partial disability<br><b>TP Claims:</b><br>1. Insurance Policy copy<br>2. Claim Form duly signed<br>3. Police FIR copy<br>4. Registration Certificate copy<br>5. Driving License copy<br>6. MACT/Legal Notice<br>7. Claimant details<br>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: