



MOTOR INSURANCE CLAIM FORM

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay the dispatch of this form and other particulars may be sent later

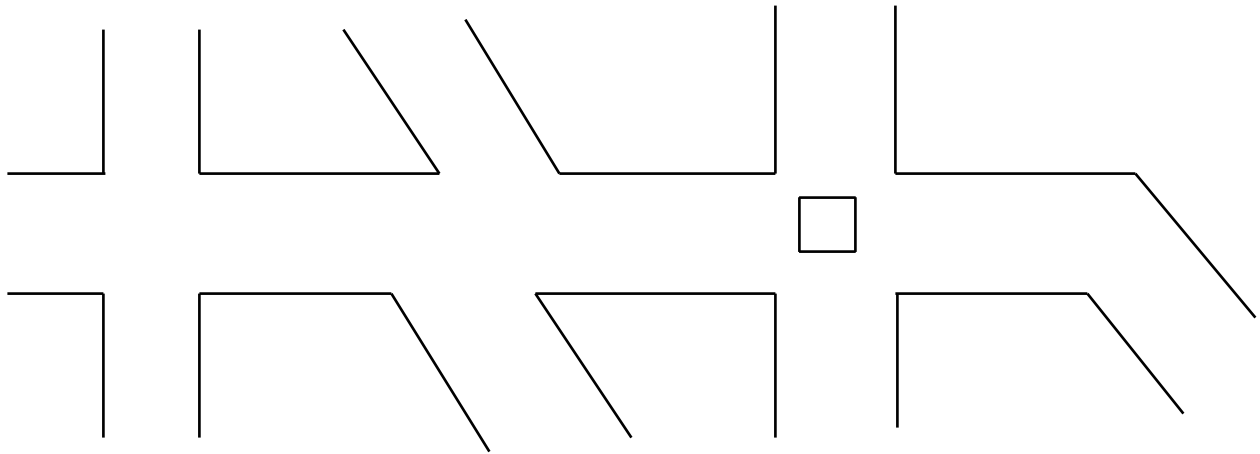
Claim No :
Policy No :
Period of Insurance : To

A. DETAILS OF INSURED/CLAIMANT

Name As Per Policy :
Address :
City : State : Pin :
Contact Details :
Phone Number : Mobile Number :
Email ID :
Limits of Indemnity under the Policy/IDV (Rs.) :

B. DETAILS OF LOSS/DAMAGE /ACCIDENT

Date of Loss/Damage/ Accident : Time Of Loss : A.M. / P.M.
Location :
Address :
City : State : Pin :
Contact Details of person/s at Location :
Name :
Relationship with Insured :
Phone Number : Mobile Number :
Email ID :
Describe Cause of Loss/Damage/ Accident (Sketch the accident using below diagram) :
Estimated Loss (Rs.) :



WITNESS DETAILS	INFORMATION TO AUTHORITY
<p>Were there any witnesses to the loss /Damage/ accident ?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If 'Yes' ,</p> <p>Name of Person/s : _____</p> <p>_____</p> <p>_____</p> <p>Address : _____</p> <p>_____</p> <p>City : _____</p> <p>State : _____</p> <p>Pin : _____</p> <p>Phone / Mobile Number : _____</p> <p>_____</p> <p>Email ID : _____</p>	<p>Has the loss been reported to an Authority?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If 'No' , reason for not reporting ,</p> <p>_____</p> <p>_____</p> <p>If 'Yes' , provide details</p> <p><input type="checkbox"/> Fire    <input type="checkbox"/> Police    <input type="checkbox"/> RTA    <input type="checkbox"/> Other</p> <p>Name of Authority / P.S. : _____</p> <p>_____</p> <p>Information Report No./ Authority Reference No. and Date :</p> <p>_____</p> <p>Contact Person/s : _____</p> <p>_____</p> <p>_____</p> <p>Address : _____</p> <p>_____</p> <p>City : _____</p> <p>State : _____</p> <p>Pin : _____</p> <p>Phone / Mobile Number : _____</p> <p>_____</p> <p>Email ID : _____</p>

### C. VEHICLE DETAILS

Registration No :	_____				
Make :	_____ Model :	_____			
Chassis No :	_____ Engine No :	_____			
VIN No :	_____				
Date of Registration :	____ / ____ / ____				
RTO Jurisdiction :	_____				
Date of Transfer :	____ / ____ / ____				
RTO Jurisdiction :	_____				
Type of Fuel :	_____ Color of Vehicle :	_____			
Vehicle Class :	<input type="checkbox"/> Two Wheeler	<input type="checkbox"/> Pvt Car	<input type="checkbox"/> GCCV	<input type="checkbox"/> PCCV	<input type="checkbox"/> Miscellaneous
	<input type="checkbox"/> Others (specify)	_____	_____	_____	_____

### D. DETAILS OF OTHER INSURANCE

Is the loss/damage covered under any other Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', specify details and attach a copy of the policy		
_____		
_____		
Name of Insurer :	_____	
Address :	_____	
_____		
City :	State :	Pin :
_____	_____	_____
Phone / Mobile Number :	_____	
Email ID :	_____	
Policy No :	Period of Insurance :	To _____
_____	_____	_____
Sum Insured :	_____	

### E. DETAILS OF OTHER INTEREST

Is the Insured the Sole Owner of the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'No', specify
Nature of Interest : _____			
_____			
Person/s who has/have interest on property : _____			
_____			
Address : _____			
_____			
City :	State :	Pin :	
_____	_____	_____	
Phone Number :	Mobile Number :		
_____	_____		
Email ID :	_____		

F. DRIVER DETAILS

Name of Driver : \_\_\_\_\_  
Relationship with Insured : \_\_\_\_\_  
Gender :  Male  Female Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State : \_\_\_\_\_ Pin : \_\_\_\_\_  
Phone / Mobile Number : \_\_\_\_\_  
Email ID : \_\_\_\_\_  
Driving License : \_\_\_\_\_  
Issuing L.A. : \_\_\_\_\_  
Date of Issue : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Expiry : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Type of License :  Permanent  Temporary  
Class :  M-Cycle W/G  M-Cycle Wo/G  LMV  Transport  Non - Transport  
 Goods Carrying  Passenger Carrying  Three Wheeler  
Special endorsement, specify if any :  
\_\_\_\_\_  
\_\_\_\_\_

G. ACCIDENT/THEFT DETAILS

Speed at the time of accident \_\_\_\_\_ kmph  
Type of Loss :  Own Damage  Theft  Partial Theft  Personal Accident  
 Third Party Death  Third Party Injury  Third Party Property Damage  
 Others (specify) \_\_\_\_\_  
Purpose for which the vehicle was being used at the time of accident/theft \_\_\_\_\_  
No. of people travelling in the vehicle at the time of accident \_\_\_\_\_  
Weighment Details :  
RLW : \_\_\_\_\_ ULW : \_\_\_\_\_  
GVW : \_\_\_\_\_ Weight Carried : \_\_\_\_\_  
In case of theft, keys in the possession of ?  
Name : \_\_\_\_\_  
Contact No. : \_\_\_\_\_

H. GARAGE/BODYSHOP/REPAIRER DETAILS

Name : \_\_\_\_\_

Name of Contact person : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin : \_\_\_\_\_

Phone Number : \_\_\_\_\_ Mobile Number : \_\_\_\_\_

Email ID : \_\_\_\_\_

I. THIRD PARTY LOSS DETAILS(Attach additional sheet, if required)

Sl No.	Name & Age in yrs	Passenger/Pedestrian/Driver, Cleaner/Occupant of the other vehicle/Property damage	Address	Contact	Death/Type of Injury/Details of Property damage	Name of Hospital where admitted	Details of Any Legal/Court Notice received

J. DETAILS OF PREVIOUS LOSSES

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

K. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?  Yes  No If 'Yes', specify

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that 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, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accidents shall be forfeited.

I/We have received a list of documents with this claim Form and have understood the entire requirement to be fulfilled for administration of this claim and the Company shall not be held responsible for any delay in settlement of claim due to non-fulfilment of requirements including the documents as mentioned in the claim form.

I/We agree to provide additional information and additional documentation to the Company, if required.

Place :

Signature :

Date :

Name of Insured/Claimant :

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT \*

For Accident/Theft Claims	Additional documents for Theft Claims
1. Proof of insurance - Policy / Cover note copy 2. Copy of Registration Book, Tax Receipt [Please furnish original for verification] 3. Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification) 4. Police Panchanama /FIR ( In case of Third Party property damage /Death / Body Injury) 5. Estimate for repairs from the repairer where the vehicle is to be repaired 6. Repair Bills/Invoices and payment receipts after the job is Completed 7. Other vehicular documents like Permit, Load Challan, Trip Sheet, Tax Token etc. as may be applicable	1. Original Policy document 2. Original Registration Book/Certificate and Tax Payment Receipt 3. All the sets of keys/Service Booklet/Warranty Card/Original Purchase Invoice. 4. Police Panchanama/ FIR and Final Investigation Report/Non Traceable Report. 5. Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE" 6. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank 7. Letter of Subrogation 8. Consent towards agreed claim settlement value from yourself and Financer 9. NOC from the Financer if claim is to be settled in your favour.
Additional documents required by us if any, will be intimated to you as and when required	

TEAR HERE

Claim No.

I/We hereby acknowledge having received a sum of Rs. \_\_\_\_\_ /-

Rupees

( \_\_\_\_\_ ) from

Magma HDI General Insurance Company Ltd. towards full and final settlement of my/our claim upon

the said company under Policy No.

in respect of the damage caused to my/our Vehicle No. in an accident that occurred on

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Place :

Signature :

Date :

Name of Insured/Claimant :