

Motor Insurance Claim Form

The issue of this form is not an admission of liability. Please fill in all columns of the claim form. Attach Separate Sheet if the space is not sufficient.

1. Insured Details :

Claim Number:	Policy Number:	Insured:
Period of Insurance: (From)		(To)
Telephone Number:	(Landline)	(Mobile)
State address (where all correspondence be done regarding this claim):		

2. Vehicle Details :

Regd. No.:	Date of Registration:	Registration Authority:
Make & Model:	Type of Fuel:	Color of Vehicle:
Registered Owner:	Transfer of Ownership (if any):	
Engine No.:	Chassis No.:	
Type of Body :	Class of Vehicle :	Seating Capacity :
Previous Insurer Name & Policy Number	Expiry Date of Previous Insurer Policy	Claim History in Previous Insurer's Policy

3. Accident Details :

Date:	Time:
Place of Accident:	Estimated Loss Amount:
Name and Address of the Workshop with Phone No.:	
Purpose for which Vehicle was being used at the time of accident :	
Number of Person Travelling at the Time of Accident:	
FIR No. (If Reported to Police) & Name of Police Station:	
Circumstances & Cause of Loss:	

4. Commercial Vehicle Details :

Fitness Certificate No. :		Expiry.....	
Carrying capacity (goods vehicle)		Details of Load Challan	
Passenger carrying capacity		Passengers at the time of accident	

5. TP Claims Details :

Report if accident has resulted in injury /death to third party.			
Name	Address	Detail of Injury (Major/Minor/ Death)	Your Employee (Yes/ No)
Name of the Hospital where treatment done:			
Estimated Third Party (If not your Own) Property Damaged (If Any) :			
Registration No. of other vehicle responsible for accident :			

6. Driver Details :

<u>Name and Current address with Telephone Number</u>	
Driving License No:	Effective From: To
Issuing authority:	Type of license: Learning / Permanent
Authorized to drive the types of vehicles	
Details of Endorsement/ Suspension, if any	

I confirm that I had proposed for insurance of my cited vehicle which is evidenced by the Policy issued by Shriram General Insurance Company Ltd.. I confirm that all information furnished to the Company through the proposal and any other interactions with the Company w.r.t. the cited vehicle are true.

Place:

Date:

Signature of Insured

Shriram General Insurance Company Ltd.

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