

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.

Insured:

Policy Number:

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Claim Number:

	Telephone Number:	(Lar	(Landline)				
	State address (where all correspondence be done regarding this claim):						
	2. VEHICLE Details						
	Regt. No.:	Date of Registration	1:	Registration A	 Authority:		
	Make & Model:	Type of Fuel:	Type of Fuel:		icle:		
	Registered Owner:	Transfer of Ownersh	Transfer of Ownership (if any):				
	Engine No.:	•	Chassis No.:				
	Type of Body :	Class of Vehicle :	Class of Vehicle :		Capacity :		
d.	3. ACCIDENT Details:	3. ACCIDENT Details:					
s Lt	Date:	Time:					
okeı		Place of Accident:					
Name and Address of the Workshop with Phone no.:							
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 People Traveling at the Time of Accident: FIR No. (If Reported to Police): Circumstances & Cause of Loss:							
Circumstances & Cause of Loss:							
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eatcli	4. COMMERCIAL VEHICLE Details :						
insur.	Fitness Certificate No. :	Expiry					
vww.	Carrying capacity (goods vehicle)	Details of Load Challan					
om v	Passenger carrying capacity	Passengers at the time of accident					
Downloaded from www.insureatclick.com	5. TP claims Details:						
Report if accident has resulted in injury /death to third party.							
Jow.	Name	Address	Detail of		Your Employee		
Ι			(Major/Mind	or/Death)	(Yes / No)		

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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:

Name and Current address with Talanhana Number					
Name and Current address with Telephone Number					
Driving License No:	Effective From:	То			
Driving License No.	Lifective i form.	10			
Issuing authority:	Type of license:	Learning / Permanent			
Authorized to drive the types of vehicles					
Authorized to drive the types of vehicles					
Details of Endorsement/ Suspension, if any					
L confirm that the details stated above are true & correct to the best of my/ our knowledge					

Place:

Date: Signature of Insured

Shriram General Insurance Company Ltd.

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