

MOTOR PROTECT COMMERCIAL VEHICLE PACKAGE POLICY
CLAIM FORM

Issue of this claim form is not to be taken as an admission of liability

- a. The claim form is to be duly filled and signed by the insured.
- b. All facts and statements must be factual not influenced or biased in any favour.
- c. The damaged vehicle shall not be left unattended without proper precaution being taken to prevent further damage.

Policy Number				
Vehicle No				
Claim No.				
Period Of Insurance	From		To	
INSURED DETAILS				
Name Of Insured/Claimant				
*Address				
	City: code:	State:		Pin
Contact Details	Phone No. Email Id:		Mobile No.	
Name (As per Bank Account)				
Bank Details - Bank Name			Branch	
Type of Account			A/c No.	
IFSC Code			PAN No.	
MICR			Aadhar No.	
LOSS DETAILS				
Date of Accident			Time of Accident: am/pm	
Place of Accident				
Type of Loss	Own Damage Party		Theft	Third
	In case, the claim has triggered in any of the add-on. Please provide the details. 			

Short Description of Accident					
Police Report Details, if any					
DRIVER DETAILS AT THE TIME OF ACCIDENT					
Name			Age		
Driver License No.		Name of RTO		Learner's License	Yes/No
Co-passenger details					
APPLICABLE FOR COMMERCIAL VEHICLE					
No. of passengers carried at the time of Accident		G R Number & Date			
Permit No.		Permit Issuing Authority			
Permit Valid Up to		Permit Valid for (Area)			
Fitness Granting Authority		Fitness Valid up to			
APPLICABLE FOR THIRD PARTY PROPERTY DAMAGE OR INJURY					
Name of Third party / occupants/driver/property	Contact No	Type of Injury/property damage	Name of the hospital where admitted	Any Legal / Court Notice Received	
I HEREBY DECLARE HAVING SUBMITTED THE FOLLOWING DOCUMENTS					
☐ Copy of Policy/Cover Note ☐ Copy of RC Book ☐ Copy of Driving License ☐ Estimate of repairs ☐ Copy of Fitness Certificate ☐ Copy of Permit ☐ Copy of FIR ☐ G.R Form					
DECLARATION					
I/We here by 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/We agree that all rights under the policy will be forfeited. I/We also agree to provide additional information to the company, if required. Insured Signature Date:					

List of Documents Required

- Claim Intimation
- Policy Copy
- Claim form
- Copy of RC book
- Copy of Driving License
- Estimate
- Photos
- Survey Report
- Survey Fees Bills
- Supplementary Report / Re-inspection report
- Final repair invoice and receipt / Satisfaction voucher for cashless payment

Addition Documents For Commercial Vehicle

- Fitness Certificate
- Copy of FIR
- Permit

Theft Claims

- Claim Intimation
- Original Policy
- Claim Form
- Original Registration certificate
- FIR
- Original Set of Keys
- Original Sales Invoice & Tax Receipt
- Intimation to RTO (to inform RTO that the vehicle is stolen and not to transfer)
- Final Report
- Transfer papers
- Indemnity Bond
- Subrogation Letter

NEFT Payment

- Cancelled Cheque for NEFT Payment

AML Documents – for claims above One Lakh Rupees

- Photo Identity Proof
- Passport size photo – (Individual) – Mandatory
- Pan card - Mandatory
- Passport / Driving License / voters ID Card
- Proof of Address – (last six month)
- Telephone Bill / Electricity Bill / Bank Statement / Ration Card Memorandum of understanding / Registration of Company – (Regd. Company / firm / establishment)

The list given is indicative in nature. Further additional documents may be called for depending on the nature of the claim.

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: <https://generalicentralinsurance.com> | Email ID: gcicare@generalicentral.com | Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800