

# **MOTOR PROTECT PRIVATE CAR POLICY – BUNDLED CLAIM FORM**

| Issue Of This Claim Fo | orm Is Not To Be Take | en As An Admission Of Liability                                                    |                                  |  |  |  |
|------------------------|-----------------------|------------------------------------------------------------------------------------|----------------------------------|--|--|--|
| a. The claim form      | is to be duly filled  | and signed by the insured.                                                         |                                  |  |  |  |
| b. All facts and sta   | atements must be t    | factual not influenced or biased in                                                | n any favour.                    |  |  |  |
| c. The damaged v       |                       | left unattended without proper p                                                   | recaution being taken to prevent |  |  |  |
| Policy Number          |                       |                                                                                    |                                  |  |  |  |
| Vehicle No             |                       |                                                                                    |                                  |  |  |  |
| Claim No.              |                       |                                                                                    |                                  |  |  |  |
| Period Of Insurance    | From                  | То                                                                                 |                                  |  |  |  |
| INSURED DETAILS        |                       |                                                                                    |                                  |  |  |  |
| Name Of Insured/Claim  | nant                  |                                                                                    |                                  |  |  |  |
|                        |                       |                                                                                    |                                  |  |  |  |
| *Address               |                       |                                                                                    |                                  |  |  |  |
|                        | City:                 | State:                                                                             | Pin c<br>ode:                    |  |  |  |
| Contact Details        | Phone No.             | Mobile No.                                                                         | Email Id:                        |  |  |  |
|                        |                       |                                                                                    |                                  |  |  |  |
| Name (As per Bank Ac   | count)                |                                                                                    |                                  |  |  |  |
| Bank Details - Bank Na | ime                   | 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 Dama              | ge Theft                                                                           | Third Party                      |  |  |  |
|                        | Own Dama              | 90 HIGH                                                                            | Timu Laity                       |  |  |  |
|                        | In case, the          | 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 TIM                                                                        | ME OF ACCID              | ENT                                      |          |                      |                      |                   |  |
| Name                                                                                             |                          |                                          | Age      |                      |                      |                   |  |
| Driver License No.                                                                               |                          | Name of RT                               |          |                      | Learner's<br>License | Yes/No            |  |
| Co-passenger details                                                                             |                          | •                                        |          | ,                    |                      |                   |  |
| APPLICABLE FOR COMMER                                                                            | CIAL VEHICL              | E                                        |          |                      |                      |                   |  |
| 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 PA                                                                          | RTY PROPER               | RTY DAMA                                 | GE OR    | INJURY               |                      |                   |  |
| Name of Third party /                                                                            | Contact No               | ontact No Type of Injury/property damage |          | Name of the hospita  |                      | , ,               |  |
| occupants/driver/property                                                                        |                          |                                          |          | where admitted       | Received             |                   |  |
|                                                                                                  |                          |                                          |          |                      |                      |                   |  |
| I HEREBY DECLARE HAVING                                                                          | SUBMITTED                | THE FOL                                  | LOWIN    | G DOCUMENTS          |                      |                   |  |
| □Copy of Policy/Cover Note                                                                       | □Copy of RC              | Book =                                   | Сору     | of Driving License   | □Estimate            | of repairs        |  |
| □Copy of Fitness Certificate                                                                     | □Copy of Pe              | rmit ⊐Co                                 | py of F  | FIR □G.R Form        |                      |                   |  |
| DECLARATION                                                                                      |                          |                                          |          |                      |                      |                   |  |
|                                                                                                  |                          |                                          |          |                      |                      |                   |  |
| I/We here by declare that the<br>event above information or a<br>fortified. I/We also agree to p | ny part therec           | of is found                              | l incorr | ect, I/We agree that | all rights ur        |                   |  |
| Date:                                                                                            |                          |                                          |          |                      |                      | Insured Signature |  |

# **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
- Load Challan

#### **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.

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