

MOTOR PROTECT TWO-WHEELER POLICY - BUNDLED 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	From		То					
Insurance INSURED DETAIL	S							
Name	Of							
Insured/Claimant								
*Address		City:		Sta	ate:		Pin	
Contact Details		Phone N Email Id:	0.				Mobile No.	
Name (As per Account)	Bank							
Bank Details - Name	Bank				Branc	h		
Type of Account					A/c No) .		
IFSC Code					PAN N	No.		
MICR					Aadha	ar No.		
LOSS DETAILS								
Date of Accident				Time	e of Acc	ident:	am/pm	
Place of Accident								
Type of Loss		Own Dam Party	nage		Thef	ft	Third	
		In case, the claim has triggered in any of the add-on. Please provide the details.						

UIN: IRDAN132RPMT0007V03201819



Short Description of Accident												
Police Report Details, if												
any												
DRIVER DETAILS AT THE TIME OF ACCIDENT												
Name			Age									
					Learner'							
Driver License No.		Nar RT0			s License	Yes/No						
Co-passenger details		INI	<i></i>		Licerise	<u> </u>						
APPLICABLE FOR CON	IMEDOIAL	VEHICI										
	INERCIAL	VERICE	<u>-</u>			-						
No. of passengers carried at the time of												
Accident	GRN	umber	& Date									
Permit No.		Permit	Issuin	g Authority								
Permit Valid Up to		Permit	Valid f	or (Area)								
Fitness Granting												
Authority			s Valid									
APPLICABLE FOR THIS												
Name of Third party / Contact occupants/driver/proper No		Type of Name of the Injury/prope hospital where				Any Legal / Court Notice Received						
ty	INO	rty dar		admitted	Notice Neceived							
I HEREBY DECLARE HA	VING SUE	MITTE) THE	FOLLOWING DO	CUMENT	 S						
□Copy of Policy/Cover N												
of repairs	•	•		1,5	J							
-Conv. of Eitnoop Cortifi	ionto =Co	ov of D	rmit	-Conv of FIR	-C D For	m						
□Copy of Fitness Certifi DECLARATION	cate 100	py or Pe	erinit	□Copy of FIR	□G.R For	. 11						
I/We here by declare that												
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 fortified. I/We also agree to provide												
additional information t					uiso agri	to provide						
	•	J.	-		_							
					Insu	red Signature						
Date:												

List of Documents Required

- Claim Intimation
- Policy Copy
- Claim form
- Copy of RC book
- Copy of Driving License
- Estimate

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- 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.

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