

# STANDALONE MOTOR PROTECT OD TWO WHEELER 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.

| ,                      |  |  |  |  |
|------------------------|--|--|--|--|
|                        |  |  |  |  |
|                        |  |  |  |  |
|                        |  |  |  |  |
| From                   |  | То   |  |  |
|                        |  |  |  |  |
|                        |  |  |  |  |
|                        |  |  |  |  |
|                        |  |  |  |  |
| City:                  | State:   |  |  |  |
| Pin c                  |  |  |  | ode:   |
| Phone No.<br>Email Id: |  |  |  |  |
|                        |  |  |  |  |
|                        |  |  |  |  |
|                        |  |  |  |  |
|                        |  | Branch   | า  |  |
|                        |  | A/c No   | ).   |  |
|                        |  | PAN N  | lo.  |  |
| Aadhar No              |  |  | r No.  |  |
|                        |  |  |  |  |
|                        |  | Time of Accident: am/pm  |  |  |
|                        |  |  |  |  |
|                        |  |  |  |  |
| Own Dama<br>Party      | nge  | Theft  |  | Third  |
| In case, the details.  | e claim has trigg  | ered in any o  | of the add-on. Ple   | ease provide the   |
|                        | City: Pin c Phone No. Email Id:  Own Dama Party In case, the | City: Pin c Phone No. Email Id:  Own Damage Party In case, the claim has trigg | From To  City: State: Pin c Phone No. Mobile Email Id:  Branch A/c No. PAN N Aadha Time of Acci am/pm  Own Damage Theft Party In case, the claim has triggered in any of | From To  City: State: Pin c Phone No. Mobile No. Email Id:  Branch A/c No. PAN No. Aadhar No.  Time of Accident: am/pm  Own Damage Theft Party  In case, the claim has triggered in any of the add-on. Ple |



| Short Description of Accident   |               |   |      |                                      |                      |                |  |  |
|---|---------------|---|------|--------------------------------------|----------------------|----------------|--|--|
| Police Report Details, if any   |               |   |      |                                      |                      |                |  |  |
| DRIVER DETAILS AT THE   | TIME OF A     | CCIDENT   |      |                                      |                      |                |  |  |
| Name  |               | A   | .ge  |                                      |                      |                |  |  |
| Driver License No.  |               | Name o<br>RTO                                       | f    |                                      | Learner's<br>License | Yes/No         |  |  |
| Co-passenger details  |               | •   |      |                                      |                      |                |  |  |
| APPLICABLE FOR COMM   | IERCIAL VE    | HICLE   |      |                                      |                      |                |  |  |
| 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 PR      | OPERTY DA   | AMAC | GE OR INJURY                         |                      |                |  |  |
| Name of Third party / occupants/driver/property   | Contact<br>No | Type of Name of the Injury/property damage admitted |      | Any Legal / Court<br>Notice Received |                      |                |  |  |
|   |               |   |      |                                      |                      |                |  |  |
|   |               |   |      |                                      |                      |                |  |  |
| I HEREBY DECLARE HAV  | ING SUBM      | ITTED THE   | FOLL | OWING DOCUM                          | ENTS                 |                |  |  |
| □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   |               |   |      |                                      |                      |                |  |  |
| 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 fortified. I/We also agree to provide additional information to the company, if required. |               |   |      |                                      |                      |                |  |  |
| Date:   |               |   |      |                                      | Insu                 | ired Signature |  |  |

UIN: IRDAN132RPMT0002V02201920



# **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

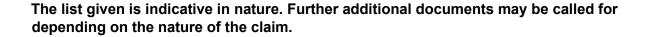
## **NEFT Payment**

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)





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