

## STANDALONE MOTOR SECURE OD PRIVATE CAR 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	
<b>INSURED DETAILS</b>				
Name Of Insured/Claimant				
*Address				
	City: Pin c	State:		ode:
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.	
<b>LOSS DETAILS</b>				
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					
<b>DRIVER DETAILS AT THE TIME OF ACCIDENT</b>					
Name		Age			
Driver License No.		Name of RTO		Learner's License	Yes/No_____.
Co-passenger details					
<b>APPLICABLE FOR COMMERCIAL VEHICLE</b>					
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			
<b>APPLICABLE FOR THIRD PARTY PROPERTY DAMAGE OR INJURY</b>					
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	
<b>I HEREBY DECLARE HAVING SUBMITTED THE FOLLOWING DOCUMENTS</b>					
<input type="checkbox"/> Copy of Policy/Cover Note <input type="checkbox"/> Copy of RC Book <input type="checkbox"/> Copy of Driving License <input type="checkbox"/> Estimate of repairs					
<input type="checkbox"/> Copy of Fitness Certificate <input type="checkbox"/> Copy of Permit <input type="checkbox"/> Copy of FIR <input type="checkbox"/> G.R Form					
<b>DECLARATION</b>					
<p>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.</p>					
					<b>Insured Signature</b>
<b>Date:</b>					

**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.**

**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:** <https://generalicentralinsurance.com> | **Email ID:** [gcicare@generalicentral.com](mailto:gcicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800