

THIRD-PARTY LONG-TERM PRIVATE CAR INSURANCE POLICY – 3 YEARS 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 Fror Insurance | | n | | То | | | |
| INSURED DETAIL | LS | | | | | l | |
| Name Insured/Claimant | Of | | | | | | |
| *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 | D. | |
| IFSC Code | | | | | PAN N | No. | |
| MICR | | | | | Aadha | ar No. | |
| LOSS DETAILS | | | | | | | |
| Date of Accident | | | | Time | of Acc | ident: | am/pm |
| Place of Accident | | | | | | | |
| Type of Loss | | Own Dam Party | nage | | Thef | ft | Third |
| | | In case, the details | | iggere | ed in any | y of the add | -on. Please provide |
| Ohart D | | | | | | | |
| Short Description Accident | on of | | | | | | |

Claim Form: Third-Party Long-Term Private Car Insurance Policy – 3 years

UIN: IRDAN132RPMT0003V01201819



| Police Report Details, if | | | | | | |
|---|----------------------------|---|--------------------|--------------------------------------|-----------------------------|----------------|
| any | | - 400 | DENIT | | | |
| DRIVER DETAILS AT TH | HE TIME OI | F ACC | IDENT | | | |
| Name | | | Age | | | |
| Driver License No. | | Na R1 | ame o | f | Learner' s License | Yes/No |
| Co-passenger details | | | | | | |
| APPLICABLE FOR COM | IMERCIAL | VEHIC | LE | | | |
| 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 THIR | RD PARTY | PROP | ERTY D | AMAGE OR INJ | URY | |
| Name of Third party / occupants/driver/proper ty | Contact No | Type of Name of the Injury/prope hospital where rty damage admitted | | Any Legal / Court Notice Received | | |
| | | | | | | |
| I HEREBY DECLARE HA | L AVING SUE | MITTE | D THE | FOLLOWING DO | OCUMENT | <u> </u> |
| □Copy of Policy/Cover Nof repairs □Copy of Fitness Certifi | Note □Cop | y of R | C Book | □Copy of Driv | ing Licens | e □Estimate |
| I/We here by declare the belief and knowledge .lr I/We agree that all right additional information to | n event abo ts under th | ove info ne poli | ormatio cy will | n or any part the | ereof is fou e also agre | ind incorrect, |
| Date: | | | | | | |

Claim Form: Third-Party Long-Term Private Car Insurance Policy $-\,3$ years

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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

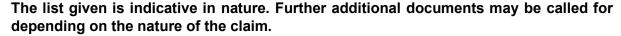
Cancelled Cheque for NEFT Payment

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)

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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

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