EXTENDED WARRANTY INSURANCE– MOTOR
CLAIM FORM

Important Note:

1. The claim form is to be duly filled and signed by the Insured
2. All facts and statements must be factual not influenced or biased in any favor
3. Issuance of this claim form is not to be taken as an admission of liability

1. Policy Number:	
2. Claim Number:	
3. Insured Details: a. Name: b. Address: c. City: d. Pin code: e. Mobile No.: f. Landline No.: g. Email id:	
4. Vehicle Details: a. Vehicle Identification Number b. Mileage (Kms) c. Date of Sale d. Repair Date e. Manufacturer's Warranty Period	
5. Trouble Description:	
6. Estimated Expense:	

Please submit:

1. Copy of Policy
2. Original Extended Warranty Invoice having owner's signature
3. Estimate of Repairs

Declaration

I/ We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event the above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited. i/ We also agree to provide additional information to the company, if required.

Date:

Place:

Signature of the Insured:

Generali Central Insurance Company Limited

Regn. No.: 132

Address: Unit No. 801 & 802, Tower C, 247 Embassy Park, LBS Marg,
Vikhroli (West), Mumbai – 400083
CIN: U66030MH2006PLC165287
E-mail: gcicare@generalicentral.com

Customer Service: 1800-220-233 |1860-500-3333 | 022-67837800Insurance is a subject matter of solicitation.