

# FUTURE SECURE COMMERCIAL VEHICLE (LIABILITY ONLY) 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 |       |  |  | То         |              |             |            |  |
| INSURED DETAILS          |       |  |  |            |              |             |            |  |
| Name Of Insured/Claimant |       |  |  |            |              |             |            |  |
|                          |       |  |  |            |              |             |            |  |
| *Address                 |       |  |  |            |              |             |            |  |
|                          |       | City:  |  | State:     |              |             | Pin c ode: |  |
| Contact Details          |       | Phone No.  |  | Mobile No. |              | Email Id:   |            |  |
|                          |       |  |  |            |              |             |            |  |
| Name (As per Bank Acco   | ount) |  |  |            |              |             |            |  |
| Bank Details - Bank Name |       |  |  |            | Branch       |             |            |  |
| Type of Account          |       |  |  |            | A/c No.      |             |            |  |
| IFSC Code                |       |  |  |            | PAN No.      |             |            |  |
| MICR                     |       |  |  |            | Aadhar No.   |             |            |  |
| LOSS DETAILS             |       |  |  |            |              |             |            |  |
| Date of Accident         |       |  |  | Time       | of Accident: | am/         | 'nm        |  |
|                          |       |  |  | Time       |              | dill        | pm         |  |
| Place of Accident        |       |  |  |            |              |             |            |  |
|                          |       |  |  |            |              |             |            |  |
| Type of Loss             |       | Own Damage The   |  | Theft      |              | Third Party |            |  |
|                          |       | In case, the claim has triggered in any of the add-on. Please provide the details. |  |            |              |             |            |  |
|                          |       | in case, the etail has diggered in any of the add-on. I lease provide the details. |  |            |              |             |            |  |
|                          |       |  |  |            |              |             |            |  |
|                          |       |  |  |            |              |             |            |  |
|                          |       |  |  |            |              |             |            |  |

Claim Form\_Future Secure - Commercial Vehicle (Liability Only) Future Generali India Insurance Company Limited

UIN: (IRDAN132RP0018V01200708)

| SE FUTURE                 |
|---------------------------|
| GENERALI                  |
| TOTAL INSURANCE SOLUTIONS |

| TOTAL INSURANCE SOLUTION  | 0               |                      |            |                      |               |                         |
|---|-----------------|----------------------|------------|----------------------|---------------|-------------------------|
| Short Description of Accident                                       |                 |                      |            |                      |               |                         |
| Police Report Details, if any                                       |                 |                      |            |                      |               |                         |
| DRIVER DETAILS AT THE TI  | ME OF ACCI      | DENT                 |            |                      |               |                         |
| Name  |                 |                      |            |                      |               |                         |
| Driver Lissen No  |                 |                      | Age        |                      | Learner's     |                         |
| Driver License No.  |                 | Name                 | of RTO     |                      | License       | Yes/No <u>.</u>         |
| Co-passenger details  |                 |                      |            |                      |               |                         |
| APPLICABLE FOR COMMER   | CIAL VEHIC      | LE                   |            |                      |               |                         |
| No. of passengers carried at the<br>time of Accident                |                 | G R Number & Date    |            |                      |               |                         |
| Permit No.  |                 | Permit Iss           | uing Au    | thority              |               |                         |
| Permit Valid Up to  |                 | Permit Va            | lid for (A | Area)                |               |                         |
| Fitness Granting Authority  |                 | Fitness Va           |            | ,                    |               |                         |
| APPLICABLE FOR THIRD PA   | RTY PROPE       |                      |            |                      |               |                         |
| Name of Third party /   | Contact No      | Type of              |            | Name of the hospital | Any Legal     | / Court Notice Received |
| occupants/driver/property   |                 | Injury/pro<br>damage | perty      | where admitted       |               |                         |
|   |                 |                      |            |                      |               |                         |
|   |                 |                      |            |                      |               |                         |
| I HEREBY DECLARE HAVIN  | G SUBMITTE      | D THE FO             | LLOWI      | NG DOCUMENTS         |               |                         |
| □Copy of Policy/Cover Note □C                                       | Copy of RC Bo   | ok 🗆 Cop             | y of Dri   | ving License DEstim  | ate of repair | s                       |
| □Copy of Fitness Certificate □0                                     | Copy of Permi   | t ⊐Copy o            | of FIR     | □G.R Form            |               |                         |
| DECLARATION   |                 |                      |            |                      |               |                         |
| I/We here by declare that the de<br>information or any part thereof | is found incorr | ect, I/We ag         | gree that  |                      |               |                         |
| to provide additional informatio                                    |                 |                      |            |                      |               |                         |
| to provide additional informatio                                    |                 |                      |            |                      |               | Insured Signatur        |



#### 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.

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