

# FUTURE SECURE COMMERCIAL VEHICLE PACKAGE 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   |  |  | То     |           |     |            |           |
| INSURED DETAILS                        | ł      |  |  |        |           |     |            |           |
| Name Of Insured/Claimant               |        |  |  |        |           |     |            |           |
| *Address                               |        | City:  |  | State: |           |     |            | Pin code: |
| Contact Details                        |        |  |  |        | le No.    |     |            | Email Id: |
|  |        | Thone Ito.   |  | WIODI  | ic 110.   |     |            | Linan Id. |
| Name (As per Bank Acc                  | count) |  |  |        |           |     |            |           |
| 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 A  |  |        | of Accide | nt: | a          | m/pm      |
| Place of Accident                      |        |  |  |        |           |     |            |           |
| Type of Loss                           |        | Own Damage Thef  |  |        |           |     | Third Part | y         |
|  |        | In case, the claim has triggered in any of the add-on. Please provide the details. |  |        |           |     |            |           |
| Short Description of Acc               | cident |  |  |        |           |     |            |           |
| Police Report Details, if              | any    |  |  |        |           |     |            |           |
| DRIVER DETAILS AT THE TIME OF ACCIDENT |        |  |  |        |           |     |            |           |



| Name   |                          |  | Age         |  |                       |                                      |  |  |  |  |  |
|--|--------------------------|--|-------------|--|-----------------------|--------------------------------------|--|--|--|--|--|
| Driver License No.   |                          | Name   | Name of RTO |  | Learner's<br>License  | Yes/No .                             |  |  |  |  |  |
| Co-passenger details   |                          | 1  |             |  |                       |                                      |  |  |  |  |  |
| APPLICABLE FOR COMMERCIAL VEHICLE  |                          |  |             |  |                       |                                      |  |  |  |  |  |
| No. of passengers carried at the time of Accident  |                          | G R Num  |             |  |                       |                                      |  |  |  |  |  |
| Permit No.   | Permit Issuing Authority |  |             |  |                       |                                      |  |  |  |  |  |
| Permit Valid Up to   |                          | Permit Va  |             |  |                       |                                      |  |  |  |  |  |
| Fitness Granting Authority   | Fitness Valid up to      |  |             |  |                       |                                      |  |  |  |  |  |
| APPLICABLE FOR THIRD PARTY PROPERTY DAMAGE OR INJURY   |                          |  |             |  |                       |                                      |  |  |  |  |  |
| Name of Third party /<br>occupants/driver/property   | Contact No               | Type of<br>Injury/property<br>damageName of the hospital<br>where admitted |             |  | Any Legal<br>Received | Any Legal / Court Notice<br>Received |  |  |  |  |  |
|  |                          |  |             |  |                       |                                      |  |  |  |  |  |
|  |                          |  |             |  |                       |                                      |  |  |  |  |  |
| I HEREBY DECLARE HAVING SUBMITTED THE FOLLOWING DOCUMENTS  |                          |  |             |  |                       |                                      |  |  |  |  |  |
| 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  |                          |  |             |  |                       |                                      |  |  |  |  |  |
| DECLARATION  |                          |  |             |  |                       |                                      |  |  |  |  |  |
| I/We here by declare that the details given above are true and correct to the best of my belief and knowledge .In event<br>above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be fortified.<br>I/We also agree to provide additional information to the company, if required.<br>Insured Signature |                          |  |             |  |                       |                                      |  |  |  |  |  |
| Date:  |                          |  |             |  |                       |                                      |  |  |  |  |  |

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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)