

# LONG TERM TWO-WHEELER 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.

Vehicle No.   Image: Transme of Insurance   From   To     INSURED DETAILS     Name Of Insured/Claimant     Rame Of Insured/Claimant     State:   Pin code:     Or transmeter     Address     City:   State:   Pin code:     Contact Details   Phone No.   Mobile No.   Email Id:     Or transmeter   Email Id:     Name (As per Bank Acount)     Branch     Ador No.     More No.   Branch     Type of Account   A/c No.     From Account   A/c No.     ISSO FOTALLS     Date of Accident   Pan No.     Address   Time of Accident:   am/pm     Place of Accident   Image: The Top of Accident:   am/pm     Place of Accident   Time of Accident:   am/pm     Place of Accident   Image: The Top of Loss   Third Party     Come Details in the claim has triggered in any of the add-on. Please provide the details.	Policy Number								
Period Of Insurance     From     To       INSURED DETAILS     Insured/Claimant     Insured/Claimant       *Address     City:     State:     Pin code:       *Address     City:     State:     Pin code:       Contact DetailS     Phone No.     Mobile No.     Email Id:       Name (As per Bank Account)     Branch     State:     Pin code:       State Code     A/c No.     IFSC Code     PAN No.       MICR     Image:     A/d commerciant:     am/pm       Date of Accident     Time of Accident:     am/pm       Place of Accident     Own Damage     Theft     Third Party       Place of Accident     In case, the claim has triggered in any of the add-on. Please provide the details.     Short Description of Accident       Ploice Report Details, if any     Image:     Theft     Third Party	Vehicle No								
INSURED DETAILS     Image: Content of Insured/Claimant     Image: Content of Accident     Image: Content of Accident     Pin code:       *Address     City:     State:     Pin code:       Contact Details     Phone No.     Mobile No.     Email Id:       Name (As per Bank Account)     Image: Content of Account     Image: Content of Account     Image: Content of Account       Bank Details - Bank Name     Image: Content of Account     Image: Content of Account     Adc No.       IFSC Code     Image: Content of Account     Adc No.     Image: Content of Accident     Amage: Content of Accident       Date of Accident     Image: Content of Accident:     am/pm     Image: Content of Accident:     Amage: Content of Accident       Type of Loss     Own Damage     Theft     Third Party     Image: Content of Accident     Image	Claim No.								
Name Of Insured/Claimant   Image: State in the stringered in any of the add-on. Please provide the details.     *Address	Period Of Insurance	From			То	То			
*AddressCity:State:Pin code:Contact DetailsPhone No.Mobile No.Email Id:Mome (As per Bank Account) $$	INSURED DETAILS								
City:Site:Pin code:Contact DetailsPhone No.Email Id:Mame (As per Bank Account) $$	Name Of Insured/Claima	ant							
City:Site:Pin code:Contact DetailsPhone No.Email Id:Mame (As per Bank Account) $$									
Contact Details   Phone No.   Mode   Email Id.     Name (As per Bank Account)   Image: Contact Details - Bank Name   Branch   Branch     Type of Account   Image: Contact Details - Bank Name   Branch   Ark No.     Type of Account   Image: Contact Details - Bank Name   Ark No.   Ark No.     IfSC Code   Image: Contact Details - Bank Name   PAN No.   Ark No.     MICR   Image: Contact Details - Bank Name   Adahar No.   Image: Contact Details - Bank Name     MICR   Image: Contact Details - Bank Name   Image: Contact Details - Bank Name   Image: Contact Details - Bank Name     MICR   Image: Contact Details - Bank Name   Image: Contact Details - Bank Name   Image: Contact Details - Bank Name     Date of Accident   Image: Contact Details - Bank Pank   Image: Contact Details - Bank Pank   Image: Contact Details - Bank Pank     Place of Accident   Image: Contact Details - Bank Bank Bank Bank Bank Bank Bank Bank	*Address								
Name (As per Bank Account)   Branch     Bank Details - Bank Name   Branch     Type of Account   A/c No.     IFSC Code   PAN No.     MICR   Aadhar No.     LOSS DETAILS   Aadhar No.     Date of Accident   Time of Accident: am/pm     Place of Accident   In case, the claim has triggered in any of the add-on. Please provide the details.     Short Description of Accident   In case, the claim has triggered in any of the add-on. Please provide the details.     Police Report Details, if any   In case, the claim has triggered in any of the add-on.			City:	State:			Pin code:		
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: an/pm     Place of Accident   In case, the claim has triggered in any of the add-on. Please provide the details.     Short Description of Accident   In case, the claim has triggered in any of the add-on. Please provide the details.     Police Report Details, if any   In case, the claim has triggered in any of the add-on. Please provide the details.	Contact Details		Phone No.		Moł	oile No.	Email Id:		
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: an/pm     Place of Accident   In case, the claim has triggered in any of the add-on. Please provide the details.     Short Description of Accident   In case, the claim has triggered in any of the add-on. Please provide the details.     Police Report Details, if any   In case, the claim has triggered in any of the add-on. Please provide the details.									
Type of Account   A/c No.     IFSC Code   PAN No.     MICR   Aadhar No.     LOSS DETAILS   Aadhar No.     Date of Accident   Time of Accident: am/pm     Place of Accident   Own Damage   Theft     Type of Loss   Own Damage   Theft   Third Party     In case, the claim has triggered in any of the add-on. Please provide the details.   Short Description of Accident   In case, the claim has triggered in any of the add-on. Please provide the details.     Short Description of Accident   In case, the claim has triggered in any of the add-on. Please provide the details.   In case, the claim has triggered in any of the add-on. Please provide the details.     Police Report Details, if any   In case, the claim has triggered in any of the add-on.   Place in any of the add-on.	Name (As per Bank Acc	ount)							
IFSC Code PAN No. MICR Aadhar No. LOSS DETAILS Date of Accident Time of Accident: am/pm Place of Accident Own Damage Theft Third Party 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	Bank Details - Bank Name					Branch			
IFSC Code   PAN No.     MICR   Aadhar No.     Date of Accident     Date of Accident   Time of Accident:     Place of Accident   Own Damage     Type of Loss   Own Damage     In case, the claim has triggered in any the add-on. Please provide the details.     Short Description of Accident   In case, the claim has triggered in any the add-on. Please provide the details.     Police Report Details, if any   In case, the claim	Type of Account					A/c No.			
MICR   Aadhar No.     Adhar No.     Date of Accident     Place of Accident   Image of Accident     Type of Loss   Own Damage   Thet Third Party     Type of Loss   In case, the claim has triggered the add-on. Please provide the details.     In case, the claim has triggered the add-on. Please provide the details.     Short Description of Accident   Image of Accident     Police Report Details, if any   Image of Accident	IFSC Code								
IOSS DETAILS     Date of Accident   Image of A	MICR								
Place of Accident   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	LOSS DETAILS								
Type of Loss   Own Damage   Theft   Third Party     In case, the claim has triggered in any of the add-on. Please provide the details.   In case, the claim has triggered in any of the add-on. Please provide the details.     Short Description of Accident   Image: Comparison of Accident   Image: Comparison of Accident     Police Report Details, if any   Image: Comparison of Accident   Image: Comparison of Accident	Date of Accident				Tim	e of Accident:	am/pm		
Type of Loss   Own Damage   Theft   Third Party     In case, the claim has triggered in any of the add-on. Please provide the details.   In case, the claim has triggered in any of the add-on. Please provide the details.     Short Description of Accident   Image: Comparison of Accident   Image: Comparison of Accident     Police Report Details, if any   Image: Comparison of Accident   Image: Comparison of Accident	Diago of Assidant								
Short Description of Accident Police Report Details, if any	Flace of Accident								
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	Type of Loss		Own Damage	e	Thef	ît	Third Party		
Short Description of Accident   Police Report Details, if any									
Police Report Details, if any		In case, the claim has triggered in any of the add-on. Please provide the details.							
Police Report Details, if any									
Police Report Details, if any									
	Short Description of Acc	cident							
DRIVER DETAILS AT THE TIME OF ACCIDENT	Police Report Details, if	any							
Name Age	Name			A	Age				

Claim Form\_ Long Term Two-Wheeler Package Policy



Driver License No.		Name of RTO		Learner's License	Yes/No						
Co-passenger details											
APPLICABLE FOR COMMERCIAL VEHICLE											
No. of passengers carried at the time of Accident		G R Number & D									
Permit No.		Permit Issuing Au	thority								
Permit Valid Up to		Permit Valid for (									
Fitness Granting Authority	ss Granting Authority Fitness Valid up to										
APPLICABLE FOR THIRD PARTY PROPERTY DAMAGE OR INJURY											
Name of Third party / occupants/driver/property	Contact No	Type of Injury/property damage	Name of the hospital where admitted	Any Legal Received	/ Court Notice						
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 above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be fortified. I/We also agree to provide additional information to the company, if required.											
				1	Insured Signature						
Date:											



# 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)

# The list given is indicative in nature. Further additional documents may be called for depending on the nature of the claim.