

# STANDALONE THIRD-PARTY LONG-TERM TWO-WHEELER INSURANCE 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           |        |  |        |         |           |     |             |           |
| Name Of Insured/Claims    | ant    |  |        |         |           |     |             |           |
| *Address                  |        | City:  |        | State:  |           |     |             | Pin code: |
| Contact Details           |        | Phone No. Mobile No.   |        |         |           |     | Email Id:   |           |
|                           |        | Filone No.   |        | Moone   | NO.       |     |             | Eman iu.  |
| Name (As per Bank Acc     | ount)  |  |        |         |           |     |             |           |
| Bank Details - Bank Name  |        |  |        |         | Branch    |     |             |           |
| Type of Account           |        |  |        |         | A/c No.   |     |             |           |
| IFSC Code                 |        |  |        |         | PAN No    | ١.  |             |           |
| MICR                      |        |  |        |         | Aadhar l  | No. |             |           |
| LOSS DETAILS              |        |  |        |         |           |     |             |           |
| Date of Accident          |        |  |        | Time of | f Accideı | nt: | í           | am/pm     |
| Place of Accident         |        |  |        |         |           |     |             |           |
| Type of Loss              |        | Own Damag  | e      | Theft   |           |     | Third Party |           |
|                           |        | 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 |        |  |        |         |           |     |             |           |
| DRIVER DETAILS A          | THE T  | IME OF ACC   | CIDENT |         |           |     |             |           |

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Claim Form - Third-Party Long-Term Two-Wheeler Insurance Policy – 5 Years UIN: IRDAN132RP0002V02201819



| Name   |                     |  | Age               |                        |                                      |                   |  |  |
|--|---------------------|--|-------------------|------------------------|--------------------------------------|-------------------|--|--|
| Driver License No.   |                     | Name   | of RTO            |                        | Learner's<br>License                 | Yes/No .          |  |  |
| Co-passenger details   |                     | <b>,</b>   |                   |                        |                                      |                   |  |  |
| APPLICABLE FOR COMMER  | CIAL VEHIC          | LE   |                   |                        |                                      |                   |  |  |
| No. of passengers carried at the time of Accident  |                     | G R Num  | G R Number & Date |                        |                                      |                   |  |  |
| Permit No.   |                     | Permit Iss   |                   |                        |                                      |                   |  |  |
| Permit Valid Up to   |                     | Permit Va  |                   |                        |                                      |                   |  |  |
| Fitness Granting Authority   | Fitness Valid up to |  |                   |                        |                                      |                   |  |  |
| APPLICABLE FOR THIRD PA  | ARTY PROPE          | RTY DAM  | AGE OF            | RINJURY                |                                      |                   |  |  |
| Name of Third party / occupants/driver/property  | Contact No          | Type of Name of the hospital where admitted damage |                   |                        | Any Legal / Court Notice<br>Received |                   |  |  |
|  |                     |  |                   |                        |                                      |                   |  |  |
|  |                     |  |                   |                        |                                      |                   |  |  |
| I HEREBY DECLARE HAVIN   | G SUBMITTE          | D THE FO   | LLOWI             | NG DOCUMENTS           |                                      |                   |  |  |
| □Copy of Policy/Cover Note □   | Copy of RC Bo       | ook   Cop  | y of Driv         | ving License □Estin    | nate of repair                       | ·s                |  |  |
| □Copy of Fitness Certificate □   | Copy of Permi       | t   Copy of  | of FIR            | □G.R Form              |                                      |                   |  |  |
|  |                     |  |                   |                        |                                      |                   |  |  |
| DECLARATION  |                     |  |                   |                        |                                      |                   |  |  |
| I/We here by declare that the de<br>above information or any part to<br>I/We also agree to provide addit | thereof is found    | d incorrect  | , I/We ag         | gree that all rights u |                                      |                   |  |  |
|  |                     |  |                   |                        |                                      | 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.