

MOTOR INSURANCE CLAIM FORM

(The issuance of this form does not imply admission of liability)

Claim No : Policy No :

1. Insured Details

Name of the Insured in full Gender Age Occupation

Contact Address or Address for Correspondence

City Pincode State.....
 Tel. No Fax No Mobile No.....
 E-mail

2. Insured Vehicle details

Register Number	Engine Number	Chasis Number	Make / Model	Year of Manufacture	Date of Registration

For what purpose was the vehicle being used at the time of accident
 No. of persons traveling in the vehicle In What capacity:fare paying passenger.....
 Occupants.....
 Nature and weight of goods carried at the time of accident (Applicable for Goods Vehicle)
 From To
 LR No. & Date FC No & Validity..... Permit No & Validity

3. Details of Accident / Theft

Date and Time of Accident / Theft Time AM / PM
 Place of Accident / Theft
 Whether any third party vehicle was involved in the Accident Yes / No
 If yes. Please give Registration No :
 Brief narration of the events leading to the Accident/Theft

 Claim on Add on Covers under Chola Protect 360° Private Car Package Policy.....

 Was the Accident / Theft Reported to Police : Yes / No
 If yes, Name of the Police Station..... CR Diary No :



4. Driver at the time of Accident

Name :

Address :

City : Pincode State

AGE	Driving Licence No.	Date of Issue	Expiry Date	Issuing Authority

Type of vehicle authorised to drive MOTOR CYCLE LMV(NT) HTV 3W(TV).....

Whether the driver is Owner Paid driver Relative Friend

5. Damage to Insured Vehicle : (Please do not dismantle the vehicle until it has been surveyed)

Brief description of damages and estimated cost of repairs

Where can the damaged vehicle be surveyed?

6. Declare the items lost/damaged at the material time of accident & details in case of loss of ignition key and Driving licence

Name of The Item	Model/Serial No./DL Number (Issuing Authority)	Values in Rs.

7. Date & time – Vehicle handed over to garage for repairs: (The choice of garage would rest with the Insurer)

8 Benefits	Yes	No	Remarks(Details of previous claim,if any)
Car wash
Towing Vehicle
Transport of repaired/recovered vehicle
Stay due to immobilization
Travelling expenses due to immobilization
Luggage transportation to residence
Removal of vehicle in case of accident

9. Injury to Third Party/Occupant/Driver

Name and Address	Nature of Injury	Whether Thirty Party / Occupant / Driver

10 Details of Third Party property damage

11. Other Insurance Details

Is there any other insurance policy indemnifying you in respect of this Accident /Theft Yes / No

If yes, Policy No Name of Company / Office

I/We hereby declare that the above particulars are true and correct in each and aspect. I agree to provide any further information/documents/ assistance that may be required for processing my/our claims.

Place :

Date :

Signature of the Insured

**For any Assistance Please Call us at our Toll Free No. : 1 800 200 55 44 or
at our Pay Call No. : 044 3989839**

Please Tick the enclosed documents:

Claim Form DL Copy FIR Permit /FC

RC Copy Policy Copy Repair Estimate Trip Sheet/Load Challan/ Invoice.....