

### Claim Form



Toll Free Number  
**1800-209-5846 (1800-209-LTIN)**



Website  
**www.ltinsurance.com**



SMS  
**'LTI' to 5607058 (56070LT)**

#### GUIDELINES TO FILL THE FORM

- Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly.  
All details with \* are mandatory.
  - Please leave one box blank between two words while writing the ADDRESS.
  - Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the claim form.
- PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

#### FOR OFFICE USE ONLY

Intermediary Name: \_\_\_\_\_  
Intermediary Code: \_\_\_\_\_

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

As soon as any Accident, Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and other particulars may be sent later.

Claim No: \_\_\_\_\_ Policy No/Cover Note No: \_\_\_\_\_

Period of Insurance: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Customer ID: \_\_\_\_\_

#### POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title\* (Pls. Tick):  Ms.  Mrs.  Mr.

Name\*: 

F	I	R	S	T
---	---	---	---	---

 \_\_\_\_\_ 

M	I	D	D	L	E
---	---	---	---	---	---

 \_\_\_\_\_ 

L	A	S	T
---	---	---	---

 \_\_\_\_\_

#### Correspondence Address\*

Block/Flat No.\*: \_\_\_\_\_ Floor No.: \_\_\_\_\_ Building Name\*: \_\_\_\_\_

Street Name\*: \_\_\_\_\_ Locality: \_\_\_\_\_

Landmark\*: \_\_\_\_\_

City/Village\*: \_\_\_\_\_ Pincode\*: \_\_\_\_\_

Post Office: \_\_\_\_\_

Mobile No.\*: \_\_\_\_\_ Landline\*: 

S	T	D
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 \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email ID 1: \_\_\_\_\_

Email ID 2: \_\_\_\_\_

Limits of Indemnity under the policy: .....

#### BANK DETAILS (Required for Electronic Fund Transfer)

Name of the Account Holder: \_\_\_\_\_  
(as appearing in the Bank Account) \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Location: \_\_\_\_\_

Account No: \_\_\_\_\_ Account Type: \_\_\_\_\_

MICR Code: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

#### PARTICULARS OF ACCIDENT:

Date of occurrence: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Time: 

H	H	:	M	M
---	---	---	---	---

Place of accident: .....

Brief description of the kind and history of the occurrence: .....

.....

.....

When did you first come to know of the accident? .....

When was the accident reported to you? .....

When was the claim first notified to the Insurer? .....

**PARTICULARS OF CONSEQUENCE OF THE ACCIDENT:**

Has any person sustained any injuries in the accident?  Yes  No

If so, give name(s) of such Person: (If more than 1, kindly attach separate list in the same format)

Title (Pls. Tick):  Ms.  Mrs.  Mr.

Name: | F | I | R | S | T | | | | | | | | | | | | | | | | M | I | D | D | L | E | | | | | | | | | | | | | | | L | A | S | T |

**Correspondence Address**

Block/Flat No.: | | | | | | | | | | | | | | | Floor No.: | | | | | Building Name: | | | | | | | | | | | | | | | | | | | | | | | | | | |

Street Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | Locality: | | | | | | | | | | | | | | | | | | | | | | | | | | |

Landmark: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

City/Village: | | | | | | | | | | | | | | | | | | | | | | | | | | | Pincode: | | | | | | | | | | |

Post Office: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mobile No.: | | | | | | | | | | | | | | | Landline: | S | T | D | | | | | | | | | | | | | | |

Email ID: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- Occupation:  Government Service  Private Service
- Other Private Services  Self Employed
- Housewife  Student
- Retired  Others, Please specify .....

State where such person(s) was/were at the time of accident:

Has/Have the injured person(s) been moved to hospital or medically attended?  Yes  No

If so, give particulars:.....

Has the accident/Loss caused damage to property or livestock?  Yes  No

If so, give name(s) and address(s) of the owner(s) of the property and / or livestock, and full description of the property, and state the nature and extent of damage:

Has any claim been made upon you by any person?  Yes  No

If so, state by whom and give full particulars (attach a copy of the notification received and of the bill, if submitted): .....

Total Estimated amount of Claim ₹ | | | | | | | | | | | | | | |

- (a) Section 1: ₹ | | | | | | | | | | | | | | |
- (b) Section 2: ₹ | | | | | | | | | | | | | | |
- (c) Section 3: ₹ | | | | | | | | | | | | | | |
- (d) Section 4: ₹ | | | | | | | | | | | | | | |

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Give, if possible, the names of all witnesses to the accident: (If more than 1, kindly attach separate list in the same format)

Title\* (Pls. Tick):  Ms.  Mrs.  Mr.

Name\*: | F | I | R | S | T | | | | | | | | | | | M | I | D | D | L | E | | | | | | | | | | | L | A | S | T |

**Correspondence Address**

Block/Flat No.\*: | | | | | | | | | | Floor No.: | | | | | Building Name\*: | | | | | | | | | | | | | |

Street Name\*: | | | | | | | | | | | | | | | Locality: | | | | | | | | | | | | | |

Landmark\*: | | | | | | | | | | | | | | | | | | | | | | | |

City/Village\*: | | | | | | | | | | | | | | | Pincode\*: | | | | | | | |

Post Office: | | | | | | | | | | | | | | | | | | | | | | | |

Mobile No.\*: | | | | | | | | | | | | | | | Landline\*: | S | T | D | | | | | | | |

Email ID : | | | | | | | | | | | | | | | | | | | | | | | |

Has the accident been reported to any authority?  Yes  No

If so, state to whom and attach a copy of the report submitted: .....  
.....

What action, if any, has been taken by the authority? .....  
.....

Give details of Statute / Law under which in your opinion, liability may arise: .....  
.....

Give details of other Insurances, if any, covering the present loss: .....  
.....

Give details of Previous Claims, if any, on the same item: .....  
.....

**DECLARATION**

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made , or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment of any material information, my/our claim shall be absolutely forfeited, and the policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

/We authorize L&T General Insurance Company Limited to share my/our contact information like name, company name, address, phone number and e-mail id etc. relating to me / us, with their affiliate/group companies and also for communicating any promotional marketing offers and other transactional / features / products / services of L&T General Insurance Company Limited and its affiliate group companies via  SMS  Telephone

Place: .....

Date: .....

\_\_\_\_\_  
Signature of Insured

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