SBI General INSURANCE

Call (Toll Free)
1800 22 1111 | 1800 102 1111
www.sbigeneral.in

PRIVATE CAR / TWO WHEELER INSURANCE POLICY - PACKAGE

Claim Form

If any detail or information Is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

Policy No. Claim No.

Period of Insurance From D D M M Y Y Y Y To D D M M Y Y Y Y

A. DETAILS OF INSURED/CLAIMANT

1. Name as per Policy SURNAME MIDDLE NAME FIRST NAME
2. Address
   Plot No/Door No. Building Name
   Road Area
   City Pincode
   State
3. Contact Details
   Phone No. Mobile
   E-mail Id
4. Limits of Indemnity under the Policy/IDV (Rs.)

B. DETAILS OF LOSS/ACCIDENT

1. Date of Loss D D M M Y Y Y Y Time of Loss : A.M. / P.M.
2. Loss Location Address
   Plot No/Door No. Building Name
   Road Area
   City Pincode
   State
3. Contact Details of person/s at Loss Location
   Name
   Relationship with Insured
   Contact Details
   Phone No. Mobile
   E-mail Id
4. Describe cause of Loss/Damage (Sketch the accident using diagram on Page 4 of the form)
5. Estimated Loss (Rs.)

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Version 1.2, Nov. 2011

Corporate & Registered Office: 'Natraj', 101, 201 & 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069.

WITNESS DETAILS

1. Were there any witnesses to the loss/accident? ☐ Yes ☐ No

If 'Yes',

2. Name as Person/s — SURNAME MIDDLE NAME FIRST NAME

3. Address — Plot No/Door No. | Building Name | Road | Area | City | Pincode | State

4. Contact Details — Phone No. | Mobile | E-mail Id

INFORMATION TO AUTHORITY

1. Has the loss been reported to an Authority? ☐ Yes ☐ No

If 'No', reason for not reporting _____

If 'Yes', provide details ☐ Fire ☐ Police ☐ Municipality ☐ Other

2. Name of Authority

3. Information Report No./ Authority Reference No. | Date DDMMYYYY

4. Contact Person/s — SURNAME MIDDLE NAME FIRST NAME

5. Address — Plot No/Door No. | Building Name | Road | Area | City | Pincode | State

6. Contact Details — Phone No. | Mobile | E-mail Id

C. VEHICLE DETAILS

1. Registration No. | Make
2. Model | Chassis No.
3. Engine No. | VIN No.
4. Date of Registration DDMMYYYY | RTO Jurisdiction
5. Date of Transfer DDMMYYYY | RTO Jurisdiction
6. Type of Fuel | Colour of Vehicle
7. Vehicle Class ☐ Two Wheeler ☐ Pvt. Car ☐ Commercial ☐ Miscellaneous

☐ Others (specify) _____

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D. DETAILS OF OTHER INSURANCE

1. Is the loss / damage covered under any other Insurance? ☐ Yes ☐ No

If 'Yes', specify details and attach a copy of the policy

Name of Insurer

Address — Plot No/Door No. — Building Name

Road — Area

City — Pincode

State

Contact Details — Phone No. — Mobile

E-mail Id

Policy Number — Sum Insured

Period of Insurance — From D D M M Y Y Y Y — To D D M M Y Y Y Y

E. DETAILS OF OTHER INTEREST

1. Is the Insured the Sole Owner of the property? ☐ Yes ☐ No

If 'No', specify

Nature of Interest

Person/s who has/have interest on property

Address — Plot No/Door No. — Building Name

Road — Area

City — Pincode

State

Contact Details — Phone No. — Mobile

E-mail Id

F. DRIVER DETAILS

1. Name of Driver
2. Relationship with Insured
3. Date of Birth D D M M Y Y Y Y — Gender ☐ M ☐ F
4. Address — Plot No/Door No. — Building Name

   Road — Area

   City — Pincode

   State
5. Contact Details — Phone No. — Mobile

   E-mail Id
6. Driving License No. — Issuing RTO
7. Date of Issue D D M M Y Y Y Y — Date of Expiry D D M M Y Y Y Y
8. Type of License ☐ Permanent ☐ Temporary
9. Class ☐ M-Cycle W/G ☐ M-Cycle Wo/G ☐ LMV ☐ Transport ☐ Non-Transport ☐ HGV ☐ Passenger ☐ Goods
10. Special Endorsements, if any _____

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G. ACCIDENT/THEFT DETAILS

1. Speed at the time of accident ☐☐☐☐ Kmph
2. Type of Loss ☐ Own Damage ☐ Theft ☐ Partial Theft ☐ Others (specify) _____
   ☐ Third Party Death ☐ Third Party Injury ☐ Third Party Property Damage ☐ Personal Accident
3. Purpose for which the vehicle was being used at the time of accident/theft
4. No. of people travelling in the vehicle at the time of accident
5. Weighment Details RLW ☐☐☐☐ ULW ☐☐☐☐ GVW ☐☐☐☐ Weight Carried
6. In case of theft, keys in the possession of
   Name
   Contact No.

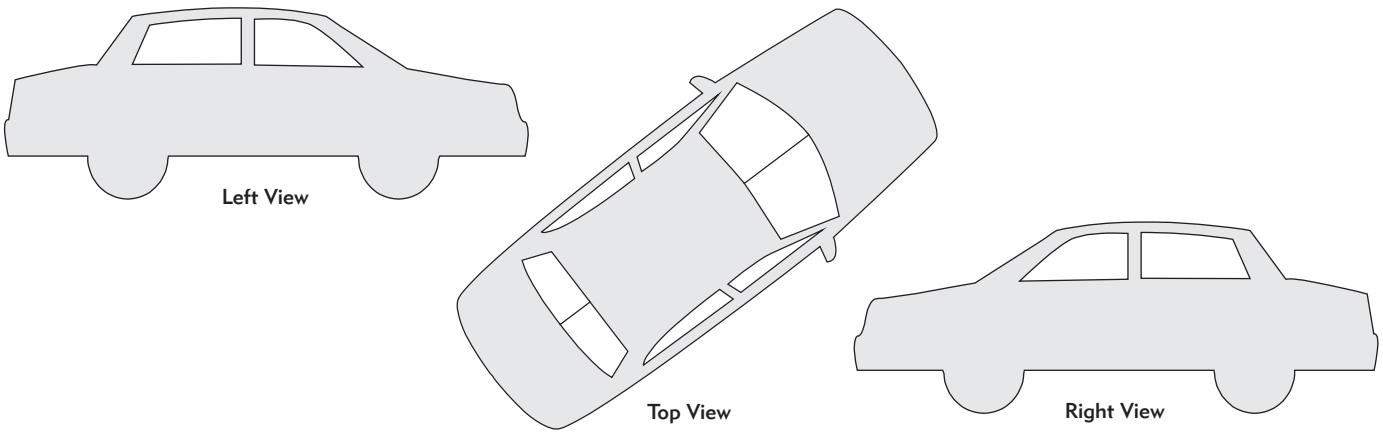
H. GARAGE/BODYSHOP/REPAIRER DETAILS

1. Name
2. Name of Contact Person
3. Address
   Plot No/Door No. Building Name
   Road Area
   City Pincode
   State
4. Contact Details
   Phone No. Mobile
   E-mail Id

I. THIRD PARTY DEATH / INJURY / PERSONAL ACCIDENT DETAILS (Attach additional sheet, if required)

Sl. No.	Name of person	Whether TP Passenger	Address	Contact No.	Death/Type of Injury	Name of Hospital where admitted	Name of Attending Doctor	Details of any Legal/Court Notice received

J. DIAGRAM (Mark the damage with an X in the diagram given below)



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K. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

L. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? ☐ Yes ☐ No

If 'Yes', specify _____

_____

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 in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, 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/accidents shall be forfeited.

I/We have received a list of documents with this claim Form and have understood the entire requirement to be fulfilled for administration of this claim and the Company shall not be held responsible for any delay in settlement of claim due to non-fulfilment of requirements including the documents as mentioned in the claim form.

I/We agree to provide additional information and additional documentation to the Company, if required.

Place ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Signature of Proposer _____

Date: D D M M Y Y Y Y Name of Insured/Claimant _____

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT*

For Accident/Theft Claims	Additional Documents for Theft Claims
1. Proof of insurance - Policy / Cover note copy 2. Copy of Registration Book, Tax Receipt [Please furnish original for verification] 3. Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification) 4. Police Panchanama /FIR (In case of Third Party property damage /Death / Body Injury) 5. Estimate for repairs from the repairer where the vehicle is to be repaired 6. Repair Bills/Invoices and payment receipts after the job is completed	1. Original Policy document 2. Original Registration Book/Certificate and Tax Payment Receipt 3. All the sets of keys/Service Booklet/Warranty Card/Original Purchase Invoice. 4. Police Panchanama/ FIR and Final Investigation Report / Non Traceable Report. 5. Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE" 6. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank 7. Letter of Subrogation 8. Consent towards agreed claim settlement value from yourself and Financer 9. NOC from the Financer if claim is to be settled in your favour.

* Additional documents required by us if any, will be intimated to you as and when required

✂ Tear here ✂ Tear here

DISCHARGE VOUCHER

Claim No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I/We hereby acknowledge having received a sum of Rs. _____/- Rupees (_____)

from SBI General Insurance Company Ltd. towards full and final settlement of my/our claim upon the said company under Policy No._____

in respect of the damage caused to my/our Vehicle No. in an accident that occurred on _____/_____/_____ (DD/MM/YYYY)

Place ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Signature of Proposer _____

Date: D D M M Y Y Y Y Name of Insured/Claimant _____

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