

**Motor Insurance Claim Form**

The issue of this form is not an admission of liability. Please fill in all columns of the claim form. Attach Separate Sheet if the space is not sufficient.

**1. INSURED Details**

Claim Number:	Policy Number:	Insured:
Period of Insurance: (From) _____ (To) _____		
Telephone Number: _____ (Landline)		_____ (Mobile)
State address (where all correspondence be done regarding this claim):		

**2. VEHICLE Details**

Regt. No.:	Date of Registration:	Registration Authority:
Make & Model:	Type of Fuel:	Color of Vehicle:
Registered Owner:	Transfer of Ownership (if any):	
Engine No.:	Chassis No.:	
Type of Body :	Class of Vehicle :	Seating Capacity :

**3. ACCIDENT Details:**

Date:	Time:
Place of Accident:	Estimated Loss Amount:
Name and Address of the Workshop with Phone no.:	
Purpose for which Vehicle was being used at the time of accident :	
Number of People Traveling at the Time of Accident:	
FIR No. (If Reported to Police):	
Circumstances & Cause of Loss:	

**4. COMMERCIAL VEHICLE Details :**

Fitness Certificate No. :	Expiry.....	
Carrying capacity (goods vehicle)	Details of Load Challan	
Passenger carrying capacity	Passengers at the time of accident .....	

**5. TP claims Details:**

Report if accident has resulted in injury /death to third party.			
Name	Address	Detail of Injury (Major/Minor/Death)	Your Employee (Yes / No )

