



SURAKSHA AUR BHAROSA DONO

Corporate Office: Fulcrum Building, 9<sup>th</sup> Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099.

## MOTOR TRADE (ROAD RISKS) INSURANCE POLICY

### CLAIM FORM

**ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

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

Policy Number \_\_\_\_\_

Period of Insurance \_\_\_\_\_ to \_\_\_\_\_

Claim Number \_\_\_\_\_

#### A. DETAILS OF INSURED/CLAIMANT

Name as per Policy \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Contact Details  
Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_ Email ID \_\_\_\_\_

Limits of Indemnity under the Policy/IDV (Rs.) \_\_\_\_\_

#### B. DETAILS OF LOSS/DAMAGE /ACCIDENT

Date of Loss/Damage/ Accident \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Loss \_\_\_\_\_ A.M. / P.M.

Location  
Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Contact Details of person/s at Location  
Name \_\_\_\_\_  
Relationship with Insured \_\_\_\_\_  
Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_ Email ID \_\_\_\_\_

Describe Cause of Loss/Damage/ Accident  
(Sketch the accident using diagram on Page 4 of the form)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Loss (Rs.) \_\_\_\_\_



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WITNESS DETAILS	INFORMATION TO AUTHORITY
<p>Were there any witnesses to the loss /Damage/ accident?  <input type="checkbox"/> (Yes) <input type="checkbox"/> (No), If 'Yes',            Name of Person/s _____            _____            Address _____            _____            City _____ State _____            Pin Code _____            Phone Number _____            Mobile Number _____            Email ID _____</p>	<p>Has the loss been reported to an Authority <input type="checkbox"/> (Yes) <input type="checkbox"/> (No),            If 'No', reason for not reporting _____            If "Yes", provide details  <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Municipality <input type="checkbox"/> Other            Name of Authority _____            Information Report No./Authority Reference No. and Date            _____            Contact Person/s _____            Address _____            _____            City _____ State _____            Pin Code _____            Phone Number _____            Mobile Number _____            Email ID _____</p>

C. VEHICLE DETAILS

Reg. No. \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
 Chassis No. \_\_\_\_\_ Engine No. \_\_\_\_\_ VIN No., \_\_\_\_\_  
 Date of Registration \_\_\_/\_\_\_/\_\_\_\_\_ RTO Jurisdiction \_\_\_\_\_  
 Date of transfer \_\_\_/\_\_\_/\_\_\_\_\_ RTO Jurisdiction \_\_\_\_\_  
 Type of Fuel \_\_\_\_\_ Colour of Vehicle \_\_\_\_\_  
 Vehicle Class  Two Wheeler  Pvt. Car  Commercial  Miscellaneous  Others(specify) \_\_\_\_\_

D. DETAILS OF OTHER INSURANCE

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 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ PinCode \_\_\_\_\_  
 Phone Number \_\_\_\_\_ MobileNumber \_\_\_\_\_ EmailID \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_\_ to \_\_\_\_\_  
 Sum Insured (Rs.) \_\_\_\_\_



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E. DETAILS OF OTHER INTEREST

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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PinCode \_\_\_\_\_

Phone Number \_\_\_\_\_ MobileNumber \_\_\_\_\_ EmailID \_\_\_\_\_

F. DRIVER DETAILS

Name of Driver \_\_\_\_\_

Relationship with Insured \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PinCode \_\_\_\_\_

Phone Number \_\_\_\_\_ MobileNumber \_\_\_\_\_ EmailID \_\_\_\_\_

Driving License No. \_\_\_\_\_ Date of Issue \_\_\_/\_\_\_/\_\_\_\_\_ Date of Expiry \_\_\_/\_\_\_/\_\_\_\_\_

Issuing RTO \_\_\_\_\_

Type of License  Permanent  Temporary

Class  M-Cycle W/G  M-Cycle Wo/G  LMV  Transport  Non-Transport  HGV  Passenger  Goods

Special Endorsements, if any \_\_\_\_\_

G. ACCIDENT/THEFT DETAILS

Speed at the time of accident \_\_\_\_\_ kmph.

Type of Loss  Own Damage  Theft  Partial Theft  Others (specify) \_\_\_\_\_

Third Party Death  Third Party Injury  Third Party Property Damage  Personal Accident

Purpose for which the vehicle was being used at the time of accident/theft \_\_\_\_\_

No. of people travelling in the vehicle at the time of accident \_\_\_\_\_

Weighment Details RLW \_\_\_\_\_ ULW \_\_\_\_\_ GVW \_\_\_\_\_ Weight Carried \_\_\_\_\_

In case of theft, keys in the possession of?

Name \_\_\_\_\_ Contact No. \_\_\_\_\_



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H. GARAGE/BODYSHOP/REPAIRER DETAILS

Name \_\_\_\_\_

Name of Contact person \_\_\_\_\_

Address \_\_\_\_\_

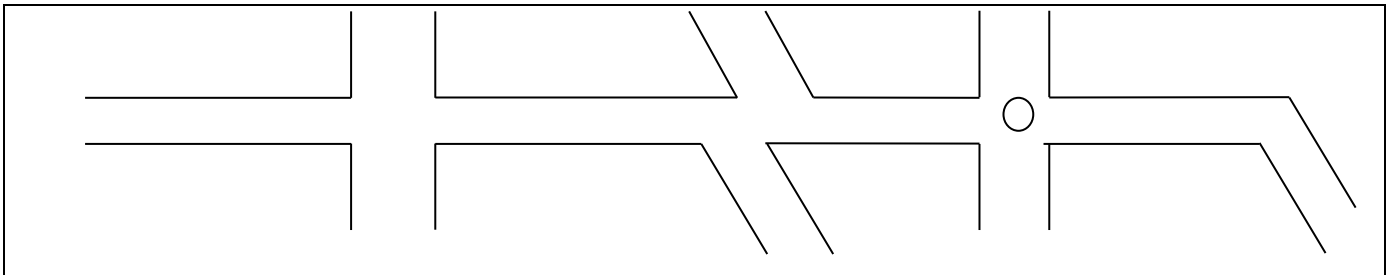
City \_\_\_\_\_ State \_\_\_\_\_ PinCode \_\_\_\_\_

Phone Number \_\_\_\_\_ MobileNumber \_\_\_\_\_ EmailID \_\_\_\_\_

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



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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**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 \_\_\_\_\_

Date \_\_\_\_\_

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-----

**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 \_\_\_\_\_

Date \_\_\_\_\_

Name of Insured/Claimant \_\_\_\_\_