

# Claim Form

## Private Car Long Term Package Policy

Claim No.:

### A. Policy Holder/Claimant Details

Claim No.:  Period of Insurance: From:  To:

Name as per Policy:

Claimant Name:

Address:

Pin code:  State:

Email:  Phone No.:

Mobile No.:  Fax No.:

### B. Vehicle Details

Registration No.:  Engine No.:

Chassis No.:  Make:  Model:

Date of Registration:  Class of vehicle  Private  Commercial  Two Wheeler

Financier's interest if any:

### C. Loss Details

Accident  Theft

Date of Occurrence:  Time of Occurrence:  A.M. / P.M. Speed:

Km/Hr. Current location:  Place of Occurrence:

Nature & weight of goods carried at the time of accident (Commercial Vehicle):

Short description of loss: (please attach separate sheet if needed)

No. of people travelling in the insured vehicle at the time of Loss:

Purpose for which vehicle was being used at the time of Loss:

Is loss reported to Police?  Yes  No Police Station:

Diary / FIR No.:  Is loss reported to Fire Brigade?  Yes  No

Fire Station:  Reference No.:

### D. Details Of Driver At The Material Time Of Accident

Name of Driver:

Contact No.:  Relationship with Insured:

Driving License No.:  License Type:  Permanent  Learner  
 Issuing RTO:   
 Class of Vehicle authorized to drive:   
 Issue Date:         Expiry Date:

**E. Direct Fund Transfer/Eft Mandate Form. Please enclose a cancelled Cheque leaf along with the Claim Form (Mandatory)**

Bank Name:  Branch:   
 City:  State:  IFSC Code:   
 MICR code:  Payee Account No.:   
 Name of Payee:

**F. Garage / Workshop Details (Note: Please do not dismantle the vehicle before survey)**

Name of Garage/Workshop:   
 Contact Person:  Contact No.:   
 Address:   
 Estimated Loss Amount:

**G. Other Insurance Details**

If there is any other insurance policy indemnifying you in respect this accident?  YES  NO If 'Yes', please provide details  
 Name of Insurer:   
 Policy No.:   
 Period of Insurance:

**H. Occupants / Passenger / Third Party – Injury/Death Details**

Sr. No.	Name	Address	Contact No.	Age	Occupant/Passenger travelling in what capacity	Nature of injury

Third party property damage detail (Also including other vehicle if any involved) - In case of additional information please attach a separate sheet

**I. Witness Details If Any**

Sr. No.	Name	Address	Contact No.

## J. Declaration

I/we hereby declare that to the best of my/our knowledge and belief the information provided by me/us are full and true and agree that if I/we have made any false or fraudulent statement or there be any suppression or concealment of fact, the policy shall be cancelled and claim shall be forfeited.

I/we have received a list of documents with this claim Form to be submitted by me/us 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-fulfillment of requirements including the documents as mentioned in the claim form. I/we agree to provide additional information and additional documents to the Company, if required.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data)

Place:

Date:

Signature of Insured/Claimant

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. The issue & acceptance of this form cannot be taken as an admission of liability.

## K. List Of Indicative Documents

For Accident Claims	For Theft Claims
<input type="checkbox"/> Duly filled and signed claim form.	<input type="checkbox"/> Duly filled and signed claim form.
<input type="checkbox"/> Copy of Registration Book (Please furnish original for verification)	<input type="checkbox"/> Original Policy document
<input type="checkbox"/> Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification)	<input type="checkbox"/> Original Registration Book / Certificate, Permit, Fitness Certificate, Tax Certificate & Load Challan.
<input type="checkbox"/> Police Panchnama/FIR (In case of Third Party property damage / Death / Body Injury / Fire / Malicious Damage Claims)	<input type="checkbox"/> Police Panchnama / FIR
<input type="checkbox"/> Estimate for repairs from repairer where vehicle is to be repaired	<input type="checkbox"/> Final Investigation Report from the magistrate's court under section 173 Cr. P C / Non Traceable Report.
<input type="checkbox"/> Repair Bills/Invoices after the jobs is completed	<input type="checkbox"/> All the sets of Keys / Service Booklet / Warranty Card / Original purchase invoice
<input type="checkbox"/> Payment receipts after the jobs is completed	<input type="checkbox"/> Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE" of vehicle
<input type="checkbox"/> KYC/AML for losses above 1 Lakh	<input type="checkbox"/> Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank
<b>Additional documents in case commercial vehicle</b>	<input type="checkbox"/> Letter of Undertaking, Subrogation & Discharge Voucher
<input type="checkbox"/> Permit, Fitness Certificate, Tax Certificate & Load Challan, (Please furnish original for verification)	<input type="checkbox"/> Consent towards agreed claim settlement value from yourself and Financier.
	<input type="checkbox"/> 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

## Satisfaction Note

(To be obtained from Insured, where payment is being made to the repairer)

Claim Number:

Policy Number:

Vehicle Number:

I inspected my car repaired by M/s.

I hereby confirm that the damages claimed by me under the above mentioned claim have been repaired to my utmost Satisfaction.

I request you to pay the claim amount Rs. \_\_\_\_\_ directly to the repairer so that I can take Delivery of my car by paying Depreciation / extra work amount of Rs. \_\_\_\_\_ to them.

I accept the settlement to be full & final and discharge SBI General Insurance Company Limited of all liabilities arising out of claim.

Place:

Name of Insured/Claimant:

Date:

Signature of Insured/Claimant:  
(Rubber stamp in case of Insured is a firm)

## 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 Vehicle bearing Registration No.

in an accident/theft that occurred on

Place:

Date:

Signature of Insured/Claimant  
(Rubber stamp in case of Insured is a firm)