SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

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

# MOTOR INSURANCE

## Claim Form

Claim No.: _____

### A. POLICY HOLDER/CLAIMANT DETAILS

Policy No. : _____ Period of Insurance : From _____ To _____

Nameas per Policy : _____ Claimant Name : _____

Address : _____

Pin code : _____ State : _____ E mail : _____

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 ifany : _____

### 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 : _____ ReferenceNo. : _____

### 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 : _____

Classof 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)

BankName : _____ 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)

Nameof 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 : _____

Version 1.4, May'

## 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

- ☐ Duly filled and signed claim form.
- ☐ Copy of Registration Book (Please furnish original for verification)
- ☐ Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification)
- ☐ Police Panchnama/FIR (In case of Third Party property damage / Death / Body Injury / Fire / Malicious Damage Claims)
- ☐ Estimate for repairs from repairer where vehicle is to be repaired
- ☐ Repair Bills/Invoices after the jobs is completed
- ☐ Payment receipts after the jobs is completed
- ☐ KYC/AML for losses above 1 Lakh

Additional documents in case commercial vehicle

- ☐ Permit, Fitness Certificate, Tax Certificate & Load Challan, (Please furnish original for verification)

### For Theft Claims

- ☐ Duly filled and signed claim form.
- ☐ Original Policy document
- ☐ Original Registration Book / Certificate, Permit, Fitness Certificate, Tax Certificate & Load Challan.
- ☐ Police Panchnama / FIR
- ☐ Final Investigation Report from the magistrate's court under section 173 Cr. P C / Non Traceable Report.
- ☐ All the sets of Keys / Service Booklet / Warranty Card / Original purchase invoice
- ☐ Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE" of vehicle
- ☐ Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank
- ☐ Letter of Undertaking, Subrogation & Discharge Voucher
- ☐ Consent towards agreed claim settlement value from yourself and Financier.
- ☐ 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

SURAKSHA AUR BHAROSA DONO

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

## 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 _____/_____/_____(DD/MM/YYYY)

Place: _____

Signature of Insured/Claimant _____

Date: _____

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