

### Vehicle Residual Value Insurance – Claim Form

(To be filled by the Insured / Policyholder)

#### 1. Policy Details

Insurance Company:

Policy Number:

Certificate / Cover Note Number:

Residual Value Coverage Type:

Policy Start Date:         Policy Expiry Date:

#### 2. Insured / Customer Details

Name of the Insured:

Address:

City:  PIN:

Contact Number:

Email ID:

#### 3. Vehicle Details

Vehicle Make & Model:

Variant:

Registration Number:

Chassis Number:

Engine Number:

Date of Purchase:

Vehicle ODO Meter reading:

Purpose for which vehicle was being used:

Modification of vehicle structure:

NON-OEM Accessory Fitment if done:

Original Invoice Value ( ):

Insured Declared Value (IDV) at Policy Inception ( ):

Residual Value as per Policy ( ):

#### 4. Claim Details

Date of Claim:

Place of Inspection:



