

CLAIM FORM

MOTOR INSURANCE



SURAKSHA AUR BHAROSA DONO

Claim No.: _____

(To be filled in block letters)

A. POLICY HOLDER/CLAIMANT DETAILS

a) Policy No.:

b) Name as per the Policy:

c) Address:

City: State:

PIN Code: Phone No.:

Mobile No.: Email ID:

PAN:

B. VEHICLE DETAILS

Registration No.: Engine No.:

Chassis No.: Private Commercial Two wheeler

PL submit RC copy self-attested

C. LOSS DETAILS

Accident Theft

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

Place of Occurrence: Current location:

Short description of loss: _____

(please attach separate sheet if needed). Please share the photos of the spot and damaged vehicle (if photos are taken)

Purpose of the vehicle being used at the time of material loss : _____

Is the loss reported to Police? Yes No Is the loss reported to Fire Brigade? Yes No

For major losses/theft claims- documents required will be shared by claim handlers separately

D. DETAILS OF THE DRIVER AT THE MATERIAL TIME OF ACCIDENT

Name of the Driver: Contact No.:

Relationship with Insured: Driving License No.:

Expiry Date: Please submit DL copy (self-attested).

E. DIRECT FUND TRANSFER/EFT MANDATE FORM. Please enclose a cancelled cheque leaf along with the Claim Form (Mandatory)

Bank Name: Branch:

City: State:

IFS Code: MICR code:

Payee Account No.: Name of of the Payee:

F. GARAGE / WORKSHOP DETAILS (Note: Please do not dismantle the vehicle before survey)

Name of Garage/Workshop:

Contact Person: Contact No.:

Address:

City: State:

PIN Code: Estimated Loss Amount:

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: 'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069. | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license | Private Car Insurance Policy - Package, UIN: IRDAN144RP0005V03201112 | Long Term Two Wheeler Insurance Policy - Package, UIN: IRDAN144RP0001V02201516 | Commercial Vehicle Insurance Policy - Package (Goods Carrying), UIN: IRDAN144RP0002V02201112 | Commercial Vehicle Insurance Policy - Package (Miscellaneous Vehicles) UIN: IRDAN144RP0003V02201112

G. OCCUPANTS / PASSENGERS / 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 details (Also including other vehicle if involved) - In case of additional information please attach a separate sheet _____

Witness Details If Any _____

H. 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 (s), the Policy shall be cancelled and claim shall be forfeited.

We understand that the company will not be held responsible for the delay in settlement of the claims due to delay/not fulfilment of the requirements including the documents by the claimant as called for the company. I/We agree to provide additional information/ documents as required.

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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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.

SATISFACTION NOTE

Motor Loss Voucher

(To be obtained from the insured or the repairer to whom payment is made)

Motor Claim No.:

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Policy No.:

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Do you want us to deposit the claim payable amount directly to your bank a/c Yes No

If Yes, Bank Name:

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A/c Number:

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Insured's Name as per Bank Account:

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IFS Code:

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Signature of the Account Holder: _____

in full and final settlement of our bills and cash memos for accident repairs to and/or theft of Attachments In Support of Bank Details (Please tick the type of proof submitted): Canceled Cheque Bank Passbook

Copy email Address: _____

Place:

D	D	M	M	Y	Y	Y	Y
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Date:

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(Insured's Name and Signature)