



SURAKSHA AUR BHAROSA DONO

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

MOTOR TRADE (ROAD TRANSIT 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 _____

Weightment 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 _____

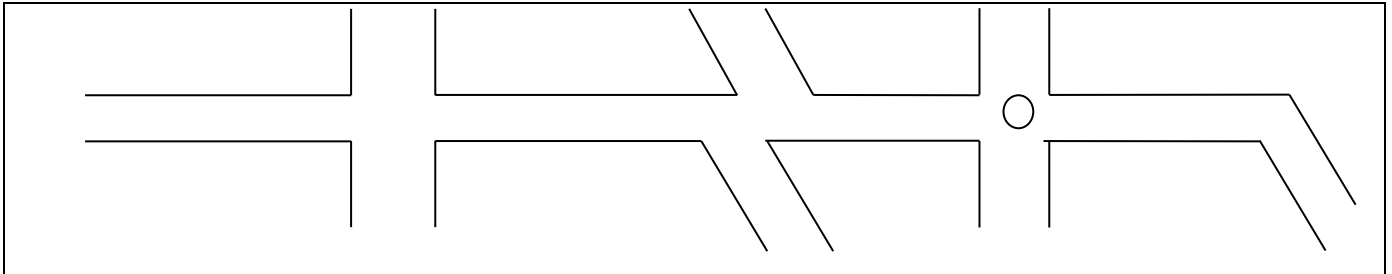
City _____ State _____ PinCode _____

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 _____