

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 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: _____ Purpose for which vehicle WAS : _____
 vehicle At the time of Loss 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 : _____

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Corporate & Registered Office: 'Natraj', 101, 201 & 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069.

H. OCCUPANTS / PASSENGER / THIRD PARTY – INJURY/DEATH DETAILS

| Sr. No. | NAME | Address | CONTACT No. | Age | OCCUPANT/PASSENGER TRAVELLING in WHAT CAPACITY | NATURE of injury |
|---------|------|---------|-------------|-----|--|------------------|
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| | | | | | | |
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| | | | | | | |

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 FINANCIER, AS the CASE MAY be, UNDATED AND BLANK |
| ADDITIONAL documents in CASE COMMERCIAL vehicle | <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 FINANCIER 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 ____/____/____ (DD/MM/YYYY)

PLACE: _____

SIGNATURE of Insured/CLAIMANT _____

DATE: _____

NAME of Insured/CLAIMANT: _____

(Rubber STAMP in CASE of Insured is A firm)