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# PRIVATE CAR / TWO WHEELER INSURANCE POLICY - PACKAGE

### **Claim Form**

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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.

	icy No.	D     M     Y     Y     Y     To     D     M     Y     Y     Y     Y
	A. DETAILS OF INSURED/C	LAIMANT
1.	Name as per Policy	S         U         R         N         A         M         E         M         I         D         D         L         E         N         A         M         E         F         I         R         S         T         N         A         M         E
2.	Address	Plot No/Door No. Building Name
		Road Area
		City Pincode
		State
3.	Contact Details	Phone No.         Mobile
		E-mail Id
4.	Limits of Indemnity under the Policy/IDV (Rs.)	
	B. DETAILS OF LOSS/ACCID	DENT
1.	Date of Loss	D         D         M         Y         Y         Y           Time of Loss         :         A.M. / P.M.
2.	Loss Location Address	Plot No/Door No. Building Name
	Address	Road     Area
		City Pincode
~		State
3.	Contact Details of person/s at	
	Name	
	Relationship with Insured	
	Contact Details	Phone No. Mobile
		E-mail Id
4.	Describe cause of Loss/Damage (Sketch the	
	accident using diagram on Page 4 of the form)	
	- ge i el tie formy	
5.	Estimated Loss (Rs.)	

### WITNESS DETAILS

1.	Were there any witnesses to	the l	oss/	acci	dent	?															Yes	5 [		No	)							
	If 'Yes',																															
2.	Name as Person/s	S	U	R	Ν	A	Μ	Е			Μ		D	D	L	Ε	N	Δ /	Λ	Е			F		R	S	Т	Ν	A	Μ	ΙE	
3.	Address	Plot	No	/Doc	or No	р. [										Bui	lding	Nar	ne													
		Roa	d [													Are	ea															
		City														Pin	code															
		Stat	e																													
4.	Contact Details	Pho	ne N	<b>√</b> 0.[												Мо	bile															
		E-m	ail I	d [																												
IN	FORMATION TO AUTHORIT	Υ																														
1.	Has the loss been reported t	o an	Aut	hori	ty?																Yes	; [		No	)							
	If 'No', reason for not reporti	ng _																														
	If 'Yes', provide details		] Fir	e			Po	lice			М	unio	cipali	ty		Oth	ner															
2.	Name of Authority																															
3.	Information Report No./ Authority Reference No.															Dat	te	D	D	Μ	Μ	Y	Y	Y	Y							
4.	Contact Person/s	S	U	R	Ν	А	Μ	Е			Μ	I	D	D	L	Е	N /	Δ /	Λ	Е			F		R	S	Т	Ν	A	Μ	\ E	
5.	Address	Plot	No	/Doc	or No	ь. [										Bui	lding	Nar	ne													
		Roa	d [													Are	ea															
		City														Pin	code															
		Stat	e [																													
6.	Contact Details	Pho	ne N	<b>√</b> o.[												Мо	bile															
		E-m	ail I	d [																												
	C. VEHICLE DETAILS						_								1																	
1.	Registration No.															Ma	ke															
2.	Model															Cho	assis N	۱o.														
3.	Engine No.															VIN	۱No.															
4.	Date of Registration	D	D	Μ	M	Y	Y	Y	Y							RT	O Juris	sdict	ion													
5.	Date of Transfer	D	D	Μ	M	Y	Y	Y	Y							RT	O Juris	sdict	ion													
6.	Type of Fuel															Col	our of	Veł	nicle	e												
7.	Vehicle Class		Tw	o W	heel	er		Pv	t. Co	ar		] Co	omm	ercic	ıl		Misc	ellaı	neo	us												
			Ot	hers	(spe	ecify)																										

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## D. DETAILS OF OTHER INSURANCE

1.	Is the loss / damage covered	d und	er	any	oth	er Ir	nsura	ince	?												] Ye	s		No	)					
	If 'Yes', specify details and at	ttach	ac	сору	of	the	polic	:y																						
	Name of Insurer																													
	Address	Plot	No	o/Do	or	No.											E	Building	g Name											
		Roc	d			Τ	Τ										A	Area												
		City				T	Τ		T								F	Pincode	9							1				
		Stat	e						T																	,				
	Contact Details	Pho	ne	No.			Τ		T								٨	Nobile												
		E-m	ail	ld		-	-															-	-		-		-		 	
	Policy Number				Τ											]	S	Sum Ins	sured											
	Period of Insurance	Fro	n			D	M	M	Y	Y	Y	Y		_	То	D		DM	MY	Y	Y	Y	]						 	
	E. DETAILS OF OTHER INTI																				1			1						
1.	Is the Insured the Sole Owne	er of	the	pro	per	ty?															Ye	S		No	D					
	If 'No', specify Nature of Interest																T													
	Person/s who has/have			+													$\frac{1}{1}$					 					 			
	interest on property																													
	Address	Plot	No	o/Do	or	No.											B	Building	g Name											
		Roc	d														A	Area												
		City															F	Pincode	e											
		Stat	e				Τ																							
	Contact Details	Pho	ne	No.													٨	Nobile												
		E-m	ail	ld																									 	
	F. DRIVER DETAILS		1								1					1	-1					1	1	1	1		1			
1.	Name of Driver																													
2.	Relationship with Insured																													
3.	Date of Birth	D	D	Λ	1	Μ	Y	Y	Y	Y							C	Gender			Μ			F						
4.	Address	Plot	No	o/Do	or	No.											E	Building	g Name											
		Roc	d														A	Area												
		City															F	Pincode	9											
		Stat	e																											
5.	Contact Details	Pho	ne	No.													٨	Nobile												
		E-m	ail	ld																										
6.	Driving License No.																l	ssuing	RTO											
7.	Date of Issue	D	D	Λ	1	Μ	Y	Y	Y	Y	]						D	Date of	Expiry	D	D	Μ	Μ	Y	Y	Y	Y	]		
8.	Type of License		P	erm	ane	nt			Tem	ро	rary	y																		
9.	Class		N	I-Cy	cle	W/G	; [		M-0	Сус	le V	No/G	5		LMV	ſ		Tran	sport		N	on-T	rans	port	[		НG	V		
			1	asse					Go												-									
10.	Special Endorsements, if any	у																												

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(	G. ACCIDENT/THEFT DET/	AILS																													
1.	Speed at the time of accide	nt			Kn	nph																									
2.	Type of Loss	C	)wn l	Damo	age	[		Th	eft	[		Partio	al T	heft			0	the	rs (s	peci	fy) _										
		Т	hird	Party	Dec	ath [		Thi	rd Po	arty	Injury	,		Thir	d Pa	arty P	rope	erty I	Dan	nage			Per	sono	al A	ccid	lent	i			
	Purpose for which the vehic																														
	was being used at the time of accident/theft																											Τ			
	No. of people travelling in the vehicle at the time of accide																														
5.	Weighment Details	RLW [					ι	JLW						GV	/W						Wei	ght (	Carı	ried							
6.	In case of theft, keys in the	possessi	on o	f																						_					
	Name																														
	Contact No.																														
ł	I. GARAGE/BODYSHOP/R	EPAIRE	R DE	TAILS	5																										
1.	Name																											$\top$			
2.	Name of Contact Person																									T	T	Ŧ			
	Address	Plot N	o/Do	or No	 										Bui	ilding	Na	me								T	T	$\pm$			
0.	(daress	Road			, _ 										Are		i tu	211										$\pm$			
																		[							1						
		City													Pin	code															
		State										_						r							1						
		Phone	No.												Mo	bile															
4.	Contact Details				- 1																				1						
4.	Contact Details	E-mail																													
		E-mail	Id			ACC	IDE		DETA	AILS	(Atto	ıch c	addi	ition	nal sl	heet	if re	equi	red	)	-			1		·					
I	THIRD PARTY DEATH / I	E-mail	ld / PER	SON															red) me				Na	me c	of		D	etai	ils of	fany	
	THIRD PARTY DEATH / I	E-mail NJURY / Wheth TP	ld / PER er	RSON		ACC ddre		NT			(Atto		De	eath	al sl /Typ ijury	e	Но	Na spit	me ( al w	of /her	e		Atte	endir	ıg	·	L	Lego	al/Co		
SI.	THIRD PARTY DEATH / I	E-mail NJURY , Wheth	ld / PER er					NT					De	eath	/Тур	e	Но	Na spit	me	of /her	e		Atte		ıg		L	Lego	al/Co		
SI.	THIRD PARTY DEATH / I	E-mail NJURY / Wheth TP	ld / PER er										De	eath	/Тур	e	Но	Na spit	me ( al w	of /her	e		Atte	endir	ıg		L	Lego	al/Co	ourt	
SI.	THIRD PARTY DEATH / I	E-mail NJURY / Wheth TP	ld / PER er					NT					De	eath	/Тур	e	Но	Na spit	me ( al w	of /her	e		Atte	endir	ıg		L	Lego	al/Co	ourt	
I SI.	THIRD PARTY DEATH / I	E-mail NJURY / Wheth TP	ld / PER er					NT					De	eath	/Тур	e	Но	Na spit	me ( al w	of /her	e		Atte	endir	ıg		L	Lego	al/Co	ourt	
I SI.	THIRD PARTY DEATH / I	E-mail NJURY / Wheth TP	ld / PER er	RSON									De	eath	/Тур	e	Но	Na spit	me ( al w	of /her	e		Atte	endir	ıg		L	Lego	al/Co	ourt	
I SI.	THIRD PARTY DEATH / I	E-mail NJURY / Wheth TP	ld / PER er					NT [					De	eath	/Тур	e	Но	Na spit	me ( al w	of /her	e		Atte	endir	ıg		L	Lego	al/Co	ourt	
   SI.   No	THIRD PARTY DEATH / I	E-mail NJURY / Wheth TP Passeng	ld / PER		A	ddre				Cont	tact h		De	eath	/Тур	e	Но	Na spit	me ( al w	of /her	e		Atte	endir	ıg		L	Lego	al/Co	ourt	
   SI.   No	THIRD PARTY DEATH / I	E-mail NJURY / Wheth TP Passeng	ld / PER		A	ddre				Cont	tact h		De	eath	/Тур	e	Но	Na spit	me ( al w	of /her	e		Atte	endir	ıg		L	Lego	al/Co	ourt	
   SI.   No	THIRD PARTY DEATH / I	E-mail NJURY / Wheth TP Passeng	ld / PER		A	ddre				Cont	tact h		De	eath	/Тур	e	Но	Na spit	me ( al w	of /her	e		Atte	endir	ıg		L	Lego	al/Co	ourt	
   SI.   No	THIRD PARTY DEATH / I	E-mail NJURY / Wheth TP Passeng	ld / PER		A	ddre				Cont	tact h		De	eath	/Тур	e	Но	Na spit	me ( al w	of /her	e		Atte	endir	ıg		L	Lego	al/Co	ourt	
   SI.   No	THIRD PARTY DEATH / I	E-mail NJURY / Wheth TP Passeng	ld / PER		A	ddre				Cont	tact h		De	eath	/Тур	e	Но	Na spit	me ( al w	of /her	e		Atte	endir	ıg		L	Lego	al/Co	ourt	
   SI.   No	. DIAGRAM (Mark the dar	E-mail NJURY / Wheth TP Passeng	ld / PER		A	ddre				Cont	tact h		De	eath	/Тур	e	Но	Na spit	me ( al w	of /her	8		Atte	endir	ıg		L	Lego	al/Co	ourt	
   SI.   No	. DIAGRAM (Mark the dar	E-mail NJURY / Wheth TP Passeng	ld / PER		A	ddre				Cont	tact h		De	eath	/Тур	e	Но	Na spit	me ( al w	of /her			Atte	endir	ıg		L	Lego	al/Co	ourt	
   SI.   No	. DIAGRAM (Mark the dar	E-mail NJURY / Wheth TP Passeng	ld / PER		A	ddre				Cont	tact h		De	eath	/Тур	e	Но	Na spit	me ( al w	of /her			Atte	endir	ıg		L	Lego	al/Co	ourt	
   SI.   No	. DIAGRAM (Mark the dar	E-mail NJURY / Wheth TP Passeng	ld / PER		A	ddre				Cont	tact h		De	eath	/Тур	e	Но	Na spit	me ( al w	of /her	e		Atte	endir	ıg		L	Lego	al/Co	ourt	
   SI.   No	. DIAGRAM (Mark the dar	E-mail NJURY / Wheth TP Passeng	ld / PER		A	ddre				Cont	tact h		De	eath	/Тур	e	Но	Na spit	me ( al w	of /her					ıg		L	Lego	al/Co	ourt	

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	Κ.	DETA	ILS OF	PREVIO	US LO	SSES
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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?

If 'Yes', specify \_\_\_\_

#### 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												
Date:	D	D	Μ	Μ	Y	Y	Y	Y				

Signature of Proposer

Name of Insured/Claimant \_\_\_\_

No

Yes

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT*								
For Accident/Theft Claims	Additional Documents for Theft Claims							
1. Proof of insurance - Policy / Cover note copy	1. Original Policy document							
<ol> <li>Copy of Registration Book, Tax Receipt [Please furnish original for verification]</li> <li>Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification)</li> <li>Police Panchanama /FIR ( In case of Third Party property damage /Death / Body Injury)</li> <li>Estimate for repairs from the repairer where the vehicle is to be repaired</li> <li>Repair Bills/Invoices and payment receipts after the job is completed</li> </ol>	<ol> <li>Original Registration Book/Certificate and Tax Payment Receipt</li> <li>All the sets of keys/Service Booklet/Warranty Card/Original Purchase Invoice.</li> <li>Police Panchanama/ FIR and Final Investigation Report / Non Traceable Report.</li> <li>Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE"</li> <li>Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank</li> <li>Letter of Subrogation</li> <li>Consent towards agreed claim settlement value from yourself and Financer</li> <li>NOC from the Financer if claim is to be settled in your favour.</li> </ol>							
* Additional documents required by us if any, will be intimated to you as and when require								
	X 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							
respect of the damage caused to my/our Vehicle No. in an accident that occurred on/ (DD/MM/YYYY)								
Place	Signature of Proposer							
D         D         M         M         Y         Y         Y	Name of Insured/Claimant							

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