

MOTOR INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

1. Important Instructions :

- a. Claim form is to be filled in capital letter & signed by the insured.
- b. Please do not leave any column unanswered.
- c. All facts and Statements must be factual not influenced or biased in any form.
- d. The damaged vehicle must be parked at safe place to avoid any subsequent loss/theft. Company will not be responsible for the same.
- e. Please read carefully the attached list of documents required to speed up processing of your claim.

2. Policy Holder Details

Policy No. : _____	Cover Note No. : _____
Period of Insurance : From _____	To : _____
Name of the Insured : _____	Phone Off. : _____
Gender : Male / Female	Date of Birth : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address (Please note - If the Claim is approved, the Claim payment Cheque shall be dispatched at the address mentioned herein)	Phone Res. : _____
_____	Mobile : _____
_____ PIN : _____	Email : _____

3. Vehicle Details

Regd. No. : _____	Make : _____	Date of 1st Registration : _____
Chassis No. : _____	Engine No. : _____	Date of Transfer (if applicable) : _____
	Type of Fuel : _____	Colour of Vehicle : _____

4. Loss Details (Accident / Theft)

Date : _____	Time : _____	Speed : _____
Exact Place Where loss occurred : _____		
Place to which the vehicle was heading for before accident : _____		
Purpose for which vehicle was being used at the time of accident : _____		
Nature of goods carried at the time of accident (Comm. Veh.) _____		
No of people travelling and in what capacity at time of accident : _____		
Is it reported to the Police?	YES / NO	
Name of the Police Station : _____	Gen. Diary/Crime No/FIR No. : _____	

Location of Accident	Yes / No	Purpose of travel at the time of accident	Yes / No
Express Way	<input type="checkbox"/> <input type="checkbox"/>	Business/office	<input type="checkbox"/> <input type="checkbox"/>
National Highway	<input type="checkbox"/> <input type="checkbox"/>	Pleasure	<input type="checkbox"/> <input type="checkbox"/>
State Highways	<input type="checkbox"/> <input type="checkbox"/>	Domestic	<input type="checkbox"/> <input type="checkbox"/>
City roads	<input type="checkbox"/> <input type="checkbox"/>	Social	<input type="checkbox"/> <input type="checkbox"/>
Town/Village roads	<input type="checkbox"/> <input type="checkbox"/>	MILEAGE at the time of accident. _____	
Private roads	<input type="checkbox"/> <input type="checkbox"/>		

5. Statement of how the Accident / Theft occurred :

6. Give a rough sketch describing the road map & position of the vehicle at the time of accident.

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7. Driver Details

Name : _____	Relation with Insured : _____
Address : (If different from the one mentioned above) _____ _____	Contact Number : _____
_____	Date of Birth as shown on the License <input type="text"/>
_____	Gender : Male / Female
Driving License No : _____	License Effective From : _____
Issuing RTO : _____	License Expiry Date : _____
Class : M/Cycle / LMV / HGV / Transport / Non-Transport	Type : Permanent / Learners

8. Occupant / Passenger / Third Party Injury Details

Sr. No.	Name	Address	Phone No.	In What	Capacity	Nature of Injury

9. Third Party Property Damage (include other vehicle involved)

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Declaration

1. 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 agree that if I have made any false or fraudulent statement of there be any suppression or concealment, the policy shall be cancelled and the claim shall be forfeited.
2. I/We have received a list of documents with this claim Form and have understood all the 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 above.
3. I/We agree to provide additional information to the Company, if required.

Name :

Signature of insured :

Date :

List of Documents required for claim settlement

(To be submitted to the nearby Bajaj Allianz office)

Claim for accidental damages:

1. Proof of insurance - Policy / Covernote copy
2. Copy of Registration Book, Tax Receipt [Please furnish original for verification]
3. Copy of Motor Driving Licence [with original] of the person driving the vehicle at the material time
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 and payment receipts after the job is completed
7. Claims Discharge Cum Satisfaction Voucher signed across a Revenue Stamp [format attached below]

Claim for theft cases:

1. Original Policy document
 2. Original Registration Book/Certificate and Tax Payment Receipt
 3. Previous insurance details - Policy No, insuring Office/Company, period of insurance
 4. All the sets of keys/Service Booklet/Warranty Card
 5. Police Panchanama/ FIR and Final Investigation Report
 6. Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON-USE"
 7. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank
 8. Letter of Subrogation
 9. Consent towards agreed claim settlement value from you and Financer
 10. NOC of the Financer if claim is to be settled in your favour
 11. Blank and undated "Vakalatnama"
 12. Claim Discharge Voucher signed across a Revenue Stamp [format attached below]
- Additional documents in specific claims shall be intimated separately.



Bajaj Allianz General Insurance Company Limited

CLAIM DISCHARGE CUM SATISFACTION VOUCHER

Claim No. : _____

Received from BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED the sum of

Rs. _____ towards FULL &

FINAL SETTLEMENT OF CLAIM under Policy Number _____ in respect of damage

to / loss of _____ on _____ I am fully

satisfied with the Full & Final settlement with respect to my claim.

Revenue
Stamp

Rs. _____

Signature of Insured

Phone Number / Address of Issuance office (Seal) _____