

MOTOR CLAIM FORM

IFFCO TOKIO GENERAL INSURANCE COMPANY LTD.

Regd. Office: IFFCO SADAN, C-1 Distt. Centre, Saket, New Delhi-110017

- 1. THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**
2. PLEASE ANSWER ALL RELEVANT QUESTIONS FULLY. (If space found insufficient please attach separate sheet)
3. PLEASE CARRY THE FOLLOWING **ORIGINAL** DOCUMENTS (AS WELL AS PHOTO COPIES) AT THE TIME OF SURVEY OF THE VEHICLE:
- | | |
|------------------------|-----------------------------|
| A) Estimate of Repairs | B) Registration Certificate |
| C) Driving Licence | D) F.I.R., If Applicable |

COVER NOTE / POLICY NO. _____ **CLAIM NO.** _____
Policy Period From _____ **To** _____

1. INSURED

- (a) Name : _____
- (b) Address for correspondence : _____
- (c) Occupation : _____
- (d) Telephone / Mobile No. : _____ (e) Email : _____

2. THE INSURED VEHICLE

MAKE	YEAR OF MANUFACTURE	ENGINE NO.	CHASSIS NO.	REGISTRATION NO.

- (A) (i) Was the vehicle in proper working condition : _____
- (ii) For what purpose was the vehicle being used at the time of accident ? : _____
- (iii) No. of Occupants & their Names : _____
- (B) Additional Information for Commercial Vehicles Only
- (a) Registered laden weight : _____ (b) Unladen weight : _____
- (c) Weight of goods carried : _____ (d) Nature of permit: _____
- (e) Nature of goods carried : _____
- (f) Was the vehicle plying for hire?: _____
- (g) No. of passengers carried : _____ (h) No. of passengers permit : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : _____ (b) Age : _____
- (c) Address : _____
- (d) Is the Driver :
- | | | | |
|----|-----------------------------|---|-------|
| 1. | Owner | : | _____ |
| 2. | Paid driver | : | _____ |
| 3. | Owner's relative or friend | : | _____ |
| 4. | Relationship with the owner | : | _____ |
- (e) If paid driver, how long has been in your employment? : _____
- (f) Was he under the influence of intoxicating liquor or drugs? : _____
- (g) Driving Licence Number : _____
- (h) Issuing authority : _____
- (i) Date of Expiry : _____
- (j) Type of vehicles authorised to drive : _____
- (k) Was the licence temporary / permanent? : _____
- (l) Has he been involved in any accident before : _____

4. DETAILS OF ACCIDENT/ INCEDENT

- (a) Date : _____ (b) Time : _____
(c) Place : _____
(d) Give a description of the accident : _____

- (e) If any third party was responsible for the accident : _____
give name and address
(f) Was any intimation given to police? If yes, FIR No.& Dt.: _____

5. DAMAGE TO INSURED / VEHICLE

- (a) Full details of damage : _____
(b) Estimated cost of repairs : _____
(c) When and where can damaged vehicle be inspected? : _____

6. THIRD PARTY INJURY / PROPERTY DAMAGE

- (a) (i) Name of Injured : _____ (ii) Occupation : _____
(iii) Relation with insured : _____
- (b) Address: _____

- (c) Full details of personal injury sustained : _____
- (d) Name and address of any person / hospital _____
given medical attention to injured person : _____
- (e) Full details of property damaged: _____
- (f) Has notice of any claim been given to you? : _____

7. INJURY TO DRIVER / OCCUPANT

- (a) Was driver / any occupant injured? : _____
(b) If yes, give full details: _____

8. THEFT

- (a) Date : _____ (b) Time : _____ (c) Place : _____
- (d) Item stolen? : _____
- (e) Estimated cost of replacement : _____
- (f) Has theft been reported to Police?: _____
- (g) FIR Number & Date (Pls. attach Copy of FIR): _____

I / We the above named, do hereby, to the best of my / our knowledge and belief, warrant the truth of the foregoing statement in every respect, and I / We agree 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 the Policy shall be void and all rights to recover there under in respect of past or future accidents shall be forfeited.

Date

Signature of the Insured