



Private Car Policy - Bundled - Claim Form

(Please read the instructions given on the reverse before you fill the form.) (To be filled in by the Insured Policy Holder or Insured's Representative duly authorized by Power and Attorney. Issuance of this claim form is not to be taken as an admission of liability.)

Policy No.

Client No.

DETAILS OF THE INSURED PERSON AND VEHICLE

Insured Name (Mr./ Mrs./ Ms.)

Address of Correspondence

City Pin

Tel.: Mobile*

Email

PAN No. Vehicle No.

Engine No. Chassis No.

DETAILS OF THE DRIVER AT THE TIME OF ACCIDENT

Name

Address

City Pin

Tel.: Mobile*

Email DOB:

Driver is: Owner Paid Driver Relative/Friend. Was he under influence of liquor/drugs: Yes No

Driving License No: Issuing Authority Driving License Expiry Date

Type of Vehicles authorized to drive (tick one): LMV Transport Motorcycle

DETAILS OF THE ACCIDENT AND DAMAGE TO THE INSURED VEHICLE

Date Time am/ pm Place

Cause of Damage: Accident Riot, Strike, Malicious Act Theft and Burglary Flood, Storm, Tempest Fire, Explosion, Self-ignition

Earthquake Terrorism In transit

No. of Occupants Estimated Cost of Repairs

Give a short description of the accident:

THIRD PARTY INJURY / PROPERTY DAMAGE

(To be filled in only where a third party injury/death or third party property damage has taken place)

Name

Occupation Is third party your employee Yes No

Address

City Pin

Tel.: Mobile*

Full Details of Personal Injury

Name and Address of Hospital/

City Pin

Doctor attending to the injured person

Full details of Property damage

Has a claim notice been given to you Yes No

INJURY TO DRIVER / OCCUPANT

(To be filled in only when the driver or the occupant is injured)

Was driver or any occupant injured Yes No

If yes give details

