

**MOTOR INSURANCE CLAIM FORM**

(The issuance of this form does not imply admission of liability)

Claim No : ..... Policy No : .....

**1. Insured Details**

Name of the Insured in full                      Gender                      Age                      Occupation  
 .....  
 .....

Contact Address or Address for Correspondence  
 .....  
 .....

City .....                      Pincode .....                      State.....  
 Tel. No .....                      Fax No .....                      Mobile No.....  
 E-mail .....

**2. Insured Vehicle details**

Register Number	Engine Number	Chasis Number	Make / Model	Year of Manufacture	Date of Registration

For what purpose was the vehicle being used at the time of accident .....  
 No. of persons traveling in the vehicle ..... In What capacity:fare paying passenger.....  
 Occupants.....  
 Nature and weight of goods carried at the time of accident (Applicable for Goods Vehicle) .....  
 From ..... To .....  
 LR No. & Date ..... FC No & Validity..... Permit No & Validity .....

**3. Details of Accident / Theft**

Date and Time of Accident / Theft ..... Time ..... AM / PM  
 Place of Accident / Theft .....  
 Whether any third party vehicle was involved in the Accident    Yes / No  
 If yes. Please give Registration No : .....  
 Brief narration of the events leading to the Accident/Theft .....  
 .....  
 Claim on Add on Covers under Chola Protect 360° Private Car Package Policy.....  
 .....  
 Was the Accident / Theft Reported to Police :                      Yes / No  
 If yes, Name of the Police Station.....                      CR Diary No : .....



**4. Driver at the time of Accident**

Name : .....

Address : .....

City : ..... Pincode ..... State .....

AGE	Driving Licence No.	Date of Issue	Expiry Date	Issuing Authority

Type of vehicle authorised to drive    MOTOR CYCLE .....    LMV(NT) .....    HTV .....    3W(TV).....

Whether the driver is    Owner .....    Paid driver .....    Relative .....    Friend .....

**5. Damage to Insured Vehicle :** (Please do not dismantle the vehicle until it has been surveyed)

Brief description of damages and estimated cost of repairs .....

Where can the damaged vehicle be surveyed? .....

**6. Declare the items lost/damaged at the material time of accident & details in case of loss of ignition key and Driving licence**

Name of The Item	Model/Serial No./DL Number ( Issuing Authority)	Values in Rs.

**7. Date & time – Vehicle handed over to garage for repairs: (The choice of garage would rest with the Insurer )**

8 Benefits	Yes	No	Remarks( Details of previous claim,if any)
Car wash	.....	.....	.....
Towing Vehicle	.....	.....	.....
Transport of repaired/recovered vehicle	.....	.....	.....
Stay due to immobilization	.....	.....	.....
Travelling expenses due to immobilization	.....	.....	.....
Luggage transportation to residence	.....	.....	.....
Removal of vehicle in case of accident	.....	.....	.....

**9. Injury to Third Party/Occupant/Driver**

Name and Address	Nature of Injury	Whether Thirty Party / Occupant / Driver

**10 Details of Third Party property damage** .....

**11. Other Insurance Details**

Is there any other insurance policy indemnifying you in respect of this Accident /Theft    Yes / No

If yes, Policy No .....    Name of Company / Office .....

I/We hereby declare that the above particulars are true and correct in each and aspect. I agree to provide any further information/documents/ assistance that may be required for processing my/our claims.

Place :

Date :

Signature of the Insured

**For any Assistance Please Call us at our Toll Free No. : 1 800 200 55 44 or  
at our Pay Call No. : 044 3989839**

Please Tick the enclosed documents:

Claim Form .....    DL Copy .....    FIR .....    Permit /FC .....

RC Copy .....    Policy Copy .....    Repair Estimate .....    Trip Sheet/Load Challan/ Invoice.....