

Claim form for Motor Vehicle

(TO BE FILLED BY OWNER OF VEHICLE)

(The issue of this form is not to be taken as an admission of liability please answer all questions fully)

INFORMATION ABOUT INSUNAME _ _ _ _ _ _ . Correspondence Address . _ _ _ _ _ _ _ _ . Res. Tel. No. _ _ _ _ . Fax No. _ _ _ _ . Mobile _ _ _ _ .	 _	_ _ _ _ _ _ nber & Email ID is ess	 strict Off. Tel. No. _ ential for the Insurer to		
Age of the Owner Sex of Owner Occupation No. of members there in your How many of them are above How many of them drive the	: 18	Female Business <	☐ Profession (Please ☐ 2-4 ☐ 2-4	Specify)	
How many vehicle do you have Average kms run in a year Usage How many times you claimed Who was driving during accided Age of the Driver Hypothecation Safety devices in the Vehicle	ve	2	4	>5 (Please Specify)	
Commercial Vehicle: Purpose of vehicle Purview of operation No. of Years in Trade Years of Experience of Driver Nature of Business Usage of Vehicle	Replacement Local New New Seasonal Captive usage	☐ New Business O ☐ Interstate ☐ 1-5 Years ☐ < 2 years ☐ Non Seasonal ☐ Market Load	pt.	Hire ☐ >5 Years	
INFORMATION ABOUT INSURED VEHICLE : Registration No. _ _ _ _ _ _ Make _ _ _ _ Model _ _ _ _ Model _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _					
DETAILS ABOUT THE DRIVER (At time of accident) Name					
Details of endorsements, suspension if any Was the license temporary?					
Exact location of accident (Address/Spot of Accident with landmark) Give brief description of the accident ———————————————————————————————————					
Was any third party responsible/liable for the accident ? Yes No If yes, please provide a copy of FIR Details					

DETAILS OF GARAGE					
Garage Name _ _ _ _ _ _ _ _ _					
Garage Address _ _ _ _ _ _ _ _ _					
Garage Phone Number _ _ _ _ _ _ _ _					
Garage Contact Person					
THIRD PARTY INJURY / THIRD PARTY VEHICLE DAMAGE					
i) Name _ _ _ _ _ _ _ _ _ _ _ _ _					
ii) Address _ _ _ _ _ _ _ _ _ _					
iii) Full details of personal / vehicle damaged					
WITNESS DETAILS (FOR THEFT AND THIRD PARTY INJURY / DAMAGE)					
i) Give name and address of witness (if any)					
Correspondence Address					
District District Pin Pin					
Res. Tel. No. _ Mobile _					
ii) Was accident reported to Police?					
If not, reasons					
iii) If yes to which Police station? iv) FIR No./CR Dairy Number					
v) Name of attending inspector _ _ _ _ _ _ _ _ _					
PARTIAL / TOTAL THEFT					
I) Date d d / m m / y y y y Time : am/pm ii) Place of theft					
iii) Circumstances relating to theft					
iv) Estimated cost of replacement (For partial theft claim) Rsv) By whom discovered and reported?					
vi) Has theft been reported to Police vii) When? vii) Which Police Station					
Any other relevant information to processing of claim.					
DOCUMENTS REQUIRED					
For Accident Claims Claim Form Duly Signed* R. C. Copy Of The Vehicle** Driving License Copy** Policy Copy - (First 2 Pages Only) FIR Copy Original Estimate Original Repair Invoice, Payment Receipt Letter of Indemnity and Subrogation* Documents as required by AML Guide Line For Third Party Claims Claim Form Duly signed* Policy Fire Vehicle with All Original Keys Driving License Copy** Original Keys Driving License Copy** Policy Copy FIR Copy, Untrace Report, Dumping Yard Certificate RTO Transfer Papers Duly Signed* Guide Line Guide Line					
* Stamp required in case of company ** Original Documents to be produced for verification					
 I/We hereby agree, affirm and declare that: a. The statements/information given/ stated by me.us in this claim form are true, corrected and complete. b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the polic Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (for the same/similar claim) has made or lodged with any other insurance company. c. No material information, which is relevant to the processing of the claim, which in any manner has a bearing on the claim, has been withheld or not disclosed. d. If/We have given/made any false of fraudulent statement/information, or suppressed or concealed or in any manner failed to disclosed mal information, the policy shall be void an that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future. e. The receipt of this claim form/other supporting/realted documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or required further/additional information in respect of the claim. f. I/We will not take input credit of the service tax paid by ICICI Lombard General Insurance Company Ltd. in settlement of this motor insurance claim. 					
Diago:					



Date: | d | d | / | m | m | / | Y | Y | Y | Y |

ICICI Lombard General Insurance Company Limited

Signature/Thumb Impression of the Insured