

Claim No.: _____

MOTOR CLAIM FORM

(Issuance of this form does not imply acceptance of the liability) All fields in the form are mandatory

PERSONAL DETAILS OF CLAIMANT (OWNER) To be filled in BLOCK LETTERS

Policy No.		Cover Note No.	
Policy Period From	DD / MM / YYYY	To	DD / MM / YYYY
Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. F I R S T M I D D L E L A S T		
Address for Communication			
Flat Building			
Road/Street/Sector			
Nearest Landmark	Area		
Taluka/Village/District/City	Pin Code		
State			
Change of the contact Details	<input type="checkbox"/> Yes, I wish to change my contact details <input type="checkbox"/> There is no change in my contact details		
Please update mentioned mobile number as primary contact details against my policy. I also hereby confirm to be contacted on the number provided above for Claim Status /Policy Renewal.			
Phone No.		Mobile No.	
WhatsApp No.		Alternate Mobile No.	
Email ID		D.O.B.	DD / MM / YYYY
Aadhaar (UIDAI) No.		PAN No.	
Insured Profession	<input type="checkbox"/> Private Service <input type="checkbox"/> Self Employed <input type="checkbox"/> Politician <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Government Service <input type="checkbox"/> House Wife		
Monthly Income	<input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above		
Any claims made in last two insurance policies	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____		

VEHICLE DETAILS

Registration No.		Date of Registration	DD / MM / YYYY
Date of Purchase of Vehicle	DD / MM / YYYY	Expiry of Temp. Reg (If applicable)	DD / MM / YYYY
Chassis No.		Engine No.	
Make		Model	
Class of Vehicle	<input type="checkbox"/> Pvt <input type="checkbox"/> Two Wheeler <input type="checkbox"/> Commercial		
Financiers	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Financier _____		
Vehicle fitted with LPG/ CNG	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle fitted with Anti theft device	<input type="checkbox"/> Yes <input type="checkbox"/> No


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DETAILS OF ACCIDENT			
Date	DD / MM / YYYY	Time	HH / MM am/pm
Vehicle Speed			
Place of accident	Odometer reading		
Police FIR No. / GD Entry (Lodged if any)	Name of Police Station		
Name of Garage			
Estimate of Loss	Garage Ph. No.		
No. of persons traveling at the time of accident excluding driver			
Description of the accident (Please attach a separate sheet if needed)			
For what purpose was the vehicle being used at the time of accident?	<input type="checkbox"/> Personal <input type="checkbox"/> For Hire of Passenger <input type="checkbox"/> Carriage of Goods		
Vehicle was plying from	_____ to _____		
Was any third party involve in the accident	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Vehicle No. and details _____		
Diagram of location of accident, position of your vehicle, direction in which you vehicle was moving. Street name, nearest landmark/shop/building			
<div style="border: 1px solid black; padding: 5px;"> <p>Kindly shade the damaged portion</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">Right Side</div> <div style="text-align: center;">Sample Layout</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin: 5px 0;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">Front</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Top</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Rear</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin: 5px 0;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">Under Body</div>  </div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Left Side</div> </div>			

DRIVER AT TIME OF ACCIDENT			
Name			
Correspondence Address			
Telephone Number	Gender	Male / Female	
Date of Birth	DD / MM / YYYY	Licence No.	
Licensing Authority	Valid upto	DD / MM / YYYY	
Type of Vehicle authorised to Drive:	<input type="checkbox"/> HGV <input type="checkbox"/> Transport <input type="checkbox"/> LMV <input type="checkbox"/> Motor Cycle <input type="checkbox"/> Scooter Without Gear		
Is the Driver:	<input type="checkbox"/> Owner <input type="checkbox"/> Paid Driver <input type="checkbox"/> Any Other Person, please specify _____		
Was the driver under the influence of alcohol:	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Licence: <input type="checkbox"/> Permanent <input type="checkbox"/> Learner		



Driver involve in any other accident in last two years	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details _____
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DETAILS REQUIRED ONLY FOR COMMERCIAL VEHICLE

Nature of load carried at time of accident	G. R. Date and No.	DD / MM / YYYY
No. of passengers carried at time of accident	Permit No.	
Permit valid upto	Permit Issuance Date	DD / MM / YYYY
Fitness valid upto		

IF THERE IS A THIRD PARTY PROPERTY DAMAGE OR INJURY

Type of T. P. Loss	Injury / Death / Property damage	Status of victim	Passenger / Driver / Third person

ADDITIONAL INFORMATION REQUIRED FOR THEFT CLAIM

Place of theft	Time noticed	HH / MM am/pm
Date of Theft DD / MM / YYYY	Police Station	
FIR No.	Date of FIR	DD / MM / YYYY
By whom it was first noticed and when:	Time	HH / MM am/pm
Witnesses Name & Address		
Witness Contact No	Details of person in whose possession the vehicle was at the time of theft	
Relationship	Purpose	

ADD ON'S

Do you wish to opt a claim for add on cover if opted under the policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Nil Depreciation <input type="checkbox"/> Consumable expenses <input type="checkbox"/> Engine Protector <input type="checkbox"/> Return to Invoice <input type="checkbox"/> Total Cover <input type="checkbox"/> Others
Please Specify	_____
Details of any other insurance covering this vehicle (Name of Insurance Company)	



Policy No.	
Period of insurance	

BANK DETAILS FOR NEFT PAYMENT (For Reimbursement Claims)

Name of the Bank Account Holder	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
Bank Account No.	Account:	<input type="checkbox"/> Saving <input type="checkbox"/> Current														
Name of the Bank																
Branch																
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)																
IFSC Code (11 character code appearing on your cheque leaf)																
<input type="checkbox"/> I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.* *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode. Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars																

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please mention the name and relation and the position held by such close relative/family member.	

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :
"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."
 (db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".



AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

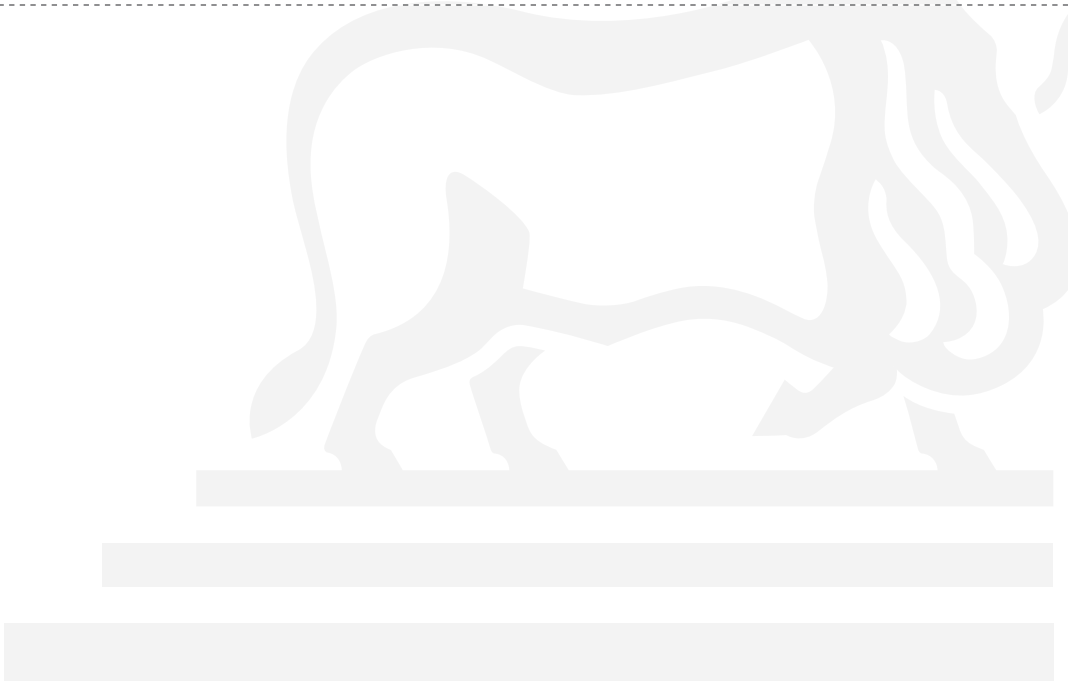
Date: _____

Signature of the Insured

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.



Claim Procedure: Step-by-Step Guide for Claims

REGISTRATION OF CLAIM

Claim has to be intimated with our Call Centre at 022 4890 3009 (paid).

Intimate the claim to the insurance company immediately. Delay in intimation would tantamount to a violation of policy condition.

FIRST STEP

- Please provide your mobile no. for sending SMS about your claim status from time to time.
- If there has been any injury to any passengers or a head on collision resulting in major damages or vehicle not in a motorable condition due to accident please report the matter to Police and seek a spot survey immediately before shifting the vehicle from the accident spot.
- Please rush the injured to the hospital.
- You can seek the help of our Call Centre Executives in identifying a cashless network garage* close to the location of loss.
- Decide on the repairer and inform us immediately once the vehicle is left at the garage.
- Please try to produce the vehicle for inspection as early as possible as the policy does not pay for consequential/ aggravated damages on account of delay.
- Submit all documents listed on time for a speedier claim settlement.**
- Keep original documents ready for verification by our loss assessor.
- Produce the vehicle for re-inspection after repairs if the loss is above Rs.50,000. Submit bills and cash receipt within 5 days from the date of repair.
- To pay the difference bill amount over and above the liability of the insurance company before taking delivery of the vehicle from our cashless network garage, which can be on account of depreciation, excess, consumables etc.
- We suggest you to opt for a NEFT (electronic fund transfer to your bank account directly) for a hassle free claim settlement, if you have not chosen to repair at our cashless network garage.
- In case of a loss due to riots inform police immediately.
- If loss is on account of fire, intimate fire brigade immediately and try to minimise loss.
- In case of a theft claim, report the loss immediately to the insurance company and also the police. Informing insurers immediately helps us co-ordinate with the police for tracing of the vehicle through the investigator.
- To co-operate with the investigator in a theft claim and provide necessary information sought by him.
- If you would like to lodge a claim under the personal accident cover of the policy for death or permanent total disablement or loss of limbs or eyes*** do intimate the call centre executive of the same.

*Conditions apply

**Claim amount shall be subject to the policy terms and conditions and there shall be deduction for depreciation, excess etc. as laid down in the policy terms.

Please go through the policy document

***Please refer Section III of the policy document

*For Theft claims : GPS coordinates at the time of loss & present / Dash Cams will be obtained

*For OD Claims: Crash report and GPS coordinates / Dash Cams (for OD / TP Claims) will be obtained

This is solely for the purpose of claim processing

DOCUMENTS TO BE KEPT READY AT THE TIME OF REGISTRATION OF A CLAIM

- Policy Copy
- Registration Book
- Driving License

You may have to inform the insurer of the following at the time of intimation of a claim:

- How the accident took place
- The damages suffered by the vehicle
- Location of the accident
- Location, where the vehicle is available for inspection
- Injuries to passengers/driver/third parties if any
- Name and particulars of driver who was driving the vehicle at the time of accident



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DOCUMENTS REQUIRED FOR PROCESSING OF A CLAIM

General Documents applicable for all type of losses		Own Damage	Theft of vehicle	Personal Accident Claim
OWN DAMAGE	Claim Form filled-up completely & duly signed*	✓	✓	✓
	Policy Copy	✓	✓	✓
	RC with RTO Tax Receipt**	✓	✓	x
	Driving Licence Copy**	✓	x	x
	Original Estimate of Repair	✓	x	x
	Original Repair Invoice and payment receipt	✓	x	x
	FIR Copy (in case of major loss and theft)	✓	✓	x
	Fire Brigade report for fire loss	✓	x	x
	Cancelled Cheque for fund transfer or Self attested Aadhaar Card Copy (if opted)	✓	✓	✓
	KYC document for high value claim	✓	✓	✓
	Bank details for the payment for EMI protector	✓	x	x
	Loan documents for EMI payment for EMI protector	✓	x	x
	Auto Loan Account No.	✓	x	x
	Purchase Invoice Copy	✓	x	x
	Vehicle Fitness Certificate Copy***	✓	✓	x
Vehicle Permit and Authorisation Copy***	✓	✓	x	
Load Challan for goods vehicle***	✓	x	x	
Passenger list for passenger carrying vehicle***	✓	x	x	
Additional documents for Theft of vehicle	Non Traceable report	x	✓	x
	All Original Keys	x	✓	x
	Letter of subrogation and indemnity	x	✓	x
	Loan account statement from the Financier	x	✓	x
	NOC from the Financier (if hypothecated)	x	✓	x
	Form 35 duly signed	x	✓	x
	Form 28, 29 and 30 duly signed	x	✓	x
	Letter to RTO intimating them of the theft	x	✓	x
	Hospital Certificate/documents	x	x	✓

Vehicle repair satisfaction voucher (For Cashless Settlement)

Claim No. _____

I/ We hereby acknowledge having received from **Name of the garage** garage my/our **Make & Model** vehicle bearing Registration Number **Registration No.** Which has been repaired to my/our satisfaction and I/we admit that the payment of ₹ _____ on account of such repair by IndusInd General Insurance Company Limited to the above garage is in full discharge of my/our claim upon the said company under Policy No. _____ in respect of the damage caused to the above mentioned vehicle in an accident which occurred on _____.

Place _____

Signature of the Insured: _____

Date _____

Name of Insured: _____



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Personal Accident Claim	Death Certificate	x	x	✓
	Post Mortem Certificate	x	x	✓
	Legal Heir Certificate/Will/Proof of nomination	x	x	✓
	Affidavit on non judicial stamp paper	x	x	✓
	Certificate of disablement in case of a permanent partial disability	x	x	✓

*Stamp required in case of company

**Original document to be produced for verification of the driver at the time of accident

***Applicable for commercial vehicles only

In case if necessary, additional documents may be require for processing of a claim

TRACK YOUR CLAIM STATUS

You can always track your claim status -

- On our website - www.indusindinsurance.com, in the 'Claims' section or
- Through the Automated Interactive Voice Recorder System at our Call Centre or speak to our Call Centre Executives at **022 4890 3009 (paid)** or
- SMS claimstatus<space><claim number> at 9266334477 to get the claim status

REGISTERED & CORPORATE OFFICE ADDRESS

IRDAI Registration No. 103.

IndusInd General Insurance Company Limited. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063.

For any assistance call **(022) 4890 3009 (Paid)**

Claim Discharge Voucher (For Reimbursement Claims)

In consideration of approval of my /our claim, I /we hereby accept from IndusInd General Insurance Company Limited the sum of ₹ _____ Rupees (amount in words) _____ in full and final settlement of my/our claim.

I / we hereby voluntarily give discharge receipt to the company in full and final settlement of all my / our claims present or future arising directly indirectly in respect of the said loss/accident. I /we hereby also subrogate all my/our rights and remedies to the company in respect of the loss/damage.

Claim No : _____

Signature of Insured: _____

Policy No : _____

Name of Insured: _____

Date of loss: _____

Date: _____

Note:

- In case of firm/company owned vehicles stamp & sign of authorized signatory is required.
- Issuance of this voucher is not to be taken as admission of liability.



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