

INDUSIND MOTOR VEHICLE EXTENDED WARRANTY & PROTECTION FOR PASSENGER AND GOODS CARRYING COMMERCIAL VEHICLES (HYBRID AND EV)

Guidelines to fill the Claim Form

Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable

Issuance of this form does not imply acceptance of the liability.

Master Policy Holder Number:

Claim Form No.:

Date :

Details of Vehicle

Vehicle Make	Vehicle Model & Variant	Cubic Capacity	RTO Authority	Vehicle Registration Number	Date of Registration DD / MM / YYYY
Gross Vehicle Weight (GVW) / Cubic Capacity (C.C.)		Vehicle Sub Class			
Goods Type (applicable only if GVW + 7500 KGs) ☐ Hazardous Goods ☐ Non Hazardous Goods		Max. Licensed carrying capacity (No. of Passengers) in case of Passenger carrying vehicles			
Engine Number / EV Motor Number: (Please fill in complete number)		Chassis Number: (Please fill in complete number)			
EV Battery Number (Please fill in complete number):		EV Battery Capacity in kWh:			
EV Charger Number (Please fill in complete number):		Date of Purchase of the Vehicle by the proposer:		DD/MM/YYYY	
Body Type		Odometer Reading			
Vehicle Category (for PCV)		☐ Bus ☐ Taxi			
Vehicle Usage Type (applicable if Bus)		☐ Contract Carriage ☐ Stage Carriage ☐ Private Usage			
Vehicle Usage Sub Type (applicable if Contract Carriage)		☐ School Bus ☐ Employee Pickup Bus ☐ Others			
Vehicle Driven By:		☐ Self ☐ Driver			
Whether the vehicle at the time of purchase was		☐ New ☐ Second Hand			
Vehicle Fuel Type		☐ Petrol ☐ Diesel ☐ Others			



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IRDAI Registration No. 103. IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. An ISO 9001:2015 Certified Company. INDUSIND MOTOR VEHICLE EXTENDED WARRANTY & PROTECTION FOR PASSENGER AND GOODS CARRYING COMMERCIAL VEHICLES (HYBRID AND EV). UIN : IRDAN103RPMT0002V02202526

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Whether the Vehicle is driven by Non – conventional Source of Power: ☐ Yes ☐ No		If Yes: ☐ Bi Fuel ☐ CNG ☐ LPG	
Whether the Vehicle is design for use of Blind/Handicapped/Mentally Challenged Person? (Attach self – attested RC Copy)		☐ Yes ☐ No	
Details of the Insured			
Insured Type		☐ Individual ☐ Company	
Insureds Full Name		☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/S (If Company is selected above)	
Permanent Address		Correspondence Address (Where vehicle is going to be kept)	
Flat / Building:		Flat / Building:	
Street/Road/Sector		Street/Road/Sector	
Area/Village/Taluka		Area/Village/Taluka	
Landmark		Landmark	
City:	Pin Code:	City:	Pin Code:
State:	Landline:	State:	Landline:
Mobile:	Email:	Mobile:	Email:
Claim Details			
Policy No.:			
Date of Loss		DD/MM/YYYY	
Please tick the Category of Claim		Section I ☐ Extended Warranty ☐ Enhancement Cover Section II ☐ EV Battery Protection Cover ☐ EV Screen Damage Cover	
Please tick the addon cover you wish to claim under		Consumable Expenses Daily Allowance Benefit Assistance Covers	
How and when did the breakdown occur?		(From.....to.....)	
Note: Full and detailed particulars must be given and if this space is not sufficient a separate sheet giving the necessary particulars must be attached.			
Please provide details of the routine maintenance servicing and any other servicing/repair that have been conducted			
Estimated cost of claim		₹	
Details of any other motor extended warranty policy			
Details of Motor Own Damage cover if any			
Garage/ Repairer details			
☐ Name ☐ Address ☐ Contact Person ☐ Contact No			


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Any additional information relevant to processing of claim

Details of Hire Purchase / Hypothecation / Lease

Please state if the vehicle is under ☐ Hire purchase ☐ Lease Agreement ☐ Hypothecation Agreement

If so, give name and address of concerned parties.

Full Name M/s

Address

If Opted for Assistance Covers

A. Emergency Medical Assistance

1. Claim is being registered under :

☐ Emergency Road Ambulance ☐ Emergency Air Ambulance

Name of the Injured Person: _____

Relationship with the Insured: _____

Nature of Injury: _____

Name and address of the Medical Establishment: _____

Claim Reimbursement Amount: ₹ _____

2. Claim is being registered under

☐ Reimbursement towards Blood Transfusion

Name of the Injured Person: _____

Relationship with the Insured: _____

Nature of Injury: _____

Name and address of the Medical Establishment: _____

Claim Reimbursement Amount: ₹ _____

Note: For any service where reimbursement is required, a copy of the bill is required to be submitted



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Bank Details for NEFT Payment (For Reimbursement Claims)

Name of the Bank Account Holder	☐ Mr. ☐ Mrs. ☐ Ms.	FIRST	MIDDLE	LAST
Bank Account No.:	Account Type:		☐ Saving	☐ Current
Name of the Bank				
Branch				
IFSC Code (11 character code appearing on your cheque leaf)				
☐ 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. *Please attach a copy of signed cancelled cheque of the Bank Account of the insured only				

AADHAR Based Payment (For Reimbursement Claims)

AADHAR Card Number (Note – Self attested AADHAR card copy to be submitted)
☐ I wish to collect claim reimbursement directly in my Bank account linked with my aforementioned Aadhaar Card. I understand that the claim amount shall be credited directly in my latest Bank account linked with my Aadhaar Card.

Declaration by Insurer

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited. I have received and read the Claim Procedure of the insurer attached to this Claim Form and retained it with me/us. I agree to provide additional information to the Company if required. I will indemnify and hold harmless the Company due to any loss arising out of misstatement in this form.

This Claim form was completed by Name: _____ Date: _____ Signature of the Insured	Place: _____ Date: _____ Signature of Insurer & Company Seal
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Registration of Claim

Claim has to be intimated with our Call Centre at 022 48903009 (paid No.)
 Intimate the claim to the insurance company immediately. Delay in intimation would tantamount to a violation of policy condition

Claim Documents

In the event of a claim arising out of an Insured Event covered under this Policy, the Insured shall transport the Insured Asset to any location, authorized by the Company, for its inspection and repair at the earliest. The event shall be intimated, in writing, to the Company within Fifteen (15) days of its occurrence. The Insured, then shall arrange for the following at the direction of the Company


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- I. All reasonable information, assistance and proofs in connection with any claim hereunder including but not restricted to service booklets, owner's manual etc.
- II. Duly signed completed Claim form
- III. Manufacturer Warranty Copy
- IV. Copy of Motor Extended Warranty Policy
- V. Original documents indicating the purchase invoice price of the Insured Asset or the documents of transfer of ownership in case the asset is a second hand purchase, including but not limited to the registration certificate for the asset
- VI. NOC from finance company, if hypothecated
- VII. Copy of all the maintenance/service invoices/ records of the Insured Asset, prior to the loss event
- VIII. All documentary evidence pertaining to transfer of ownership of the Insured Asset, if applicable
- IX. Any other document as maybe appropriately applicable against the warranty claim registered

Any agent/surveyor of the Company shall be allowed to examine the Insured Asset when and as often as the same may reasonably be required on behalf of the Company

The Insured is required to furnish the Company with all the information/ documents that the Company may require from time to time. It is necessary that such information/ documents be received by the Company within 30 days of the date of such request. The failure to produce proper service records or comply with requirements may lead to the repudiation of a claim under this Policy

IMPORTANT NOTICE

1. In the event of a claim, please immediately call our 24 hour call centre only. Improper intimation or delay in intimating claim to call centre can lead to delay in settlement/denial of claim.
2. For preferred cashless garage list, please logon to our website or speak to customer care executive. IndusInd General Insurance cannot provide cashless claim settlement at garages other than those in our network list*.
3. Please intimate us your mobile number and we shall keep you updated of the status of the claim by way of SMS periodically . You can download our claim form and claim procedure.

Also view claim status on our website. Insurance is the subject matter of solicitation.

* conditions apply.



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