

Claim No.: _____

INDUSIND MOTOR ASSURED VALUE INSURANCE - CLAIM FORM

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

DETAILS OF INSURED AND BENEFICIARY (To be filled in CAPITAL LETTERS)

Policy No.	Certificate No.		
Policy Period	From DD / MM / YYYY To DD / MM / YYYY		
Insureds Full Name	☐ Mr. ☐ Mrs. ☐ Ms. ☐ M/S.		
Address for Communication			
Flat / Building			
Road/Street/Sector			
Nearest Landmark	Area		
Taluka/Village/District/City	Pin Code		
State			
Email ID	Pan No.		
Beneficiary's Full Name	☐ Mr. ☐ Mrs. ☐ Ms. ☐ M/S.		
Address for Communication			
Flat / Building			
Road/Street/Sector			
Nearest Landmark	Area		
Taluka/Village/District/City	Pin Code		
State	D.O.B.		DD / MM / YYYY
Phone	Mobile		
Alternate Phone	Alternate Mobile		
Email ID	Pan No.		
UID Aadhaar No.			

VEHICLE DETAILS

Registration No.	Date of Registration		DD / MM / YYYY
Engine / Motor No.	VIN No.		
Make	Model		
Odometer Reading			
Class of Vehicle	☐ Pvt Car		
Financiers	☐ Yes ☐ No If yes, Name of Financier _____		
Vehicle fitted with LPG/ CNG	☐ Yes ☐ No	Vehicle fitted with Anti theft device	☐ Yes ☐ No


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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. IndusInd Motor Assured Value Insurance. UIN No.: IRDAN103CPMT0001V01202526. IGI/MCOM/CO/IMAVI/CF/Ver.1.0/080226.


IndusInd
 Insurance App


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VEHICLE INSURANCE POLICY DETAILS. (Please include details of all Motor insurance policies since purchase of vehicle)

Sr. No.	Insurer Name	Policy No.	Own Damage Coverage		Third Party Coverage	
			Policy Start Date	Policy End Date	Policy Start Date	Policy End Date
1			DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
2			DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
3			DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
4			DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
5			DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY

PREVIOUS CLAIM DETAILS (Please include details of all Motor insurance claims since purchase of vehicle)

Sr. No.	Claim No.	Policy No.	Insurer Name	Date of Loss	Claim Status	Claim paid amount
1				DD/MM/YYYY		
2				DD/MM/YYYY		
3				DD/MM/YYYY		
4				DD/MM/YYYY		
5				DD/MM/YYYY		

Please use additional page to capture other claim details, if any.

VEHICLE LEGAL MATTERS, THIRD-PARTY INVOLVEMENT, AND CUSTODIANSHIP DETAILS.

Is there any history of legal cases, obligations, fines, penalties, or RTO violations permissible against the insured vehicle?

☐ Yes ☐ No

If Yes, Please share the details

BANK DETAILS FOR NEFT PAYMENT (For Reimbursement Claims)

Name of the Bank Account Holder ☐ Mr. ☐ Mrs. ☐ Ms. ☐ M/S. FIRST MIDDLE LAST

Bank Account No.: Account Type: ☐ Saving ☐ 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)

☐ 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

DECLARATION

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.

I also confirm that the condition of the vehicle meets all wear and tear guidelines outlined in the policy conditions.

Place: _____

Date: _____

Signature of the Insured

CLAIM PROCEDURE: STEP-BY-STEP GUIDE FOR CLAIMS

REGISTRATION OF CLAIM

Claim has to be intimated with our Call Centre at 022 48903009 (paid No.)

Claim can also be intimated through email at services@indusindinsurance.com or via Selfie app.

Intimate the claim to the insurance company within Intimation window at the earliest. Delay in intimation would tantamount to a violation of policy condition.

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

- Certificate Copy
- Registration Book

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

- Where the vehicle is available for inspection

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?

☐ Yes ☐ No

If yes, please mention the position held

Is any of your close relation or family member a PEP?

☐ Yes ☐ 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 Proposer

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.



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