

Claim No.: _____

**INDUSIND MOTOR VEHICLE EXTENDED WARRANTY AND PROTECTION FOR
TWO WHEELER (ICE & EV) - CLAIM FORM**
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: _____

DD / MM / YYYY

Details of Vehicle Type

Vehicle Make	Vehicle Model & Variant	Cubic Capacity	RTO Authority	Vehicle Registration Number	Date of Registration
					DD/MM/YYYY
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):		Battery SOH at the time of claim:		_____ %	
Body Type:		Odometer Reading:			
Date of Purchase of the Vehicle by the proposer:		DD / MM / YYYY		Vehicle Driven By: ☐ Self ☐ Driver	
Whether the vehicle at the time of purchase was		☐ New ☐ Second Hand		Vehicle Fuel Type ☐ Petrol ☐ Electric	

Details of the Insured

Insured Type	☐ Individual ☐ Company	
Insureds Full Name	☐ Mr. ☐ Mrs. ☐ Ms. ☐ M/S (If Company is selected above)	
Address	Permanent Address	Correspondence Address (Where vehicle is going to be kept)
Flat / Building:		
Road/Street/Sector:		
Area/Village/Taluka		
Landmark:		
City:		
Pin Code:		


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State:		
Landline:		
Mobile:		
Email:		

CLAIM DETAILS		
Policy No.:		Date of Loss D D / M M / Y Y Y Y
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? 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.	(From to)	
Please provide details of the routine maintenance servicing and any other servicing/repair that have been conducted		
When was the claim reported to the Insurance Company?		
Estimated cost of claim	₹ _____	
Details of any other motor extended warranty policy		
Details of any other motor own damage product		
Garage/ Repairer details		
- Name - Address - Contact Person - Contact No.		
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 CLAIM IS FOR ASSISTANCE COVERS, PLEASE FILL THE FOLLOWING:
A. Emergency Medical Assistance

1. Claim is being registered under: ☐ Emergency Road Ambulance ☐ Emergency Air Ambulance ☐ Transportation Benefit

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: ☐ Accidental Medical Hospitalization ☐ Accidental Medical OPD ☐ 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:

₹ _____

3. Companion Accommodation

1. Name of the Injured Person:

2. Name of the Companion:

3. Relationship with the Insured:

4. Nature of Injury:

5. Name and address of the Medical Establishment:

6. Claim Reimbursement Amount:

₹ _____

7. Name of the Hotel

8. Distance from the Hospital:



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B. Missed Travel / Event Cover

a. Claim is being registered under the following heads:

☐ Air Ticket ☐ Train Ticket ☐ Bus Ticket ☐ Event passes

1. Date and Time of journey and or Event

DD / MM / YYYY and HH / MM am/pm

2. Date and time of ticket booking

DD / MM / YYYY and HH / MM am/pm

D. Physical Wallet Assure

1. Police FIR Filed Date

DD / MM / YYYY

2. Police Station Name and Address where FIR has been filed:

3. Amount Lost:

₹ _____

E. Payment Card Protection

1. Police FIR Filed Date

DD / MM / YYYY

2. Police Station Name and Address where FIR has been filed:

3. Date and Time of last transaction (If Multiple Transactions, please provide so):

DD / MM / YYYY and HH / MM am/pm

4. Transaction Amount:

₹ _____

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

BANK DETAILS FOR NEFT PAYMENT (For Reimbursement Claims)

 Name of the Bank Account Holder ☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T

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

AADHAR BASED PAYMENT (For Reimbursement Claims)

Aadhar Card No.: _____ (Note: Self attested Aadhaar card copy to be submitted)

☐ I Wish to collect Claim reimbursement directly in my Bank account linked with aforementioned Aadhar Card. I understand that the claim amount shall be credited directly in my latest Bank account linked with my Aadhar 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

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.

- 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

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.

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. IGICL 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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