

REGD. OFFICE:
BHARTI AXA
GENERAL INSURANCE COMPANY LIMITED,
RMZ Infinity, B - Tower, 2nd Floor,
No. 3, Old Madras Road, Bangalore - 560016.
Tel: 080-40260100.
Toll-Free Helpline: 1800-103-2292
E-mail: claims@bharti-axa.co.in
SMS <CLAIM> to 5667700
www.bharti-axa.co.in



general insurance
MOTOR INSURANCE CLAIM FORM

ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.

Please fill this form in **Block Letters** and **Tick the Boxes** ☒ where appropriate and do not leave any column unanswered.

Policy Number: _____ Claim Number: _____

Vehicle Number: _____ Chassis Number: _____ Engine Number: _____

DETAILS OF INSURED

Insured/Claimant Name _____

Address _____

City _____ Pin code _____ State _____

Contact Nos. _____ Mobile No. _____ Office +91 _____

Residence +91 _____ E-mail ID _____

LOSS DETAILS

Accident occurred on

D	D	M	M	Y	Y	Y	Y
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 at _____ Hrs. Place of Accident _____

Short Description of Accident _____

DETAILS OF DRIVER AT THE TIME OF ACCIDENT

Name _____

Age

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 Sex: ☐ Male ☐ Female Occupation _____

Driving License No. _____ Valid upto

D	D	M	M	Y	Y	Y	Y
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Authorised to drive _____ Issuing Authority _____

Badge No. _____ Is Driver: ☐ Owner ☐ Paid Driver ☐ Relative / Friend

DETAILS OF INJURY AND POLICE REPORT

Police Report lodged ☐ Yes ☐ No

If yes FIR No. _____ P.S. _____

Death / Injury to any occupant / Third Party (others) ☐ Yes ☐ No Third Party Property Damage ☐ Yes ☐ No

Attach additional details in case of death and/or injury to Third Party / Occupants / Driver or damage to property.

ADDITIONAL DETAILS IN CASE OF COMMERCIAL VEHICLES

Permit No. _____ Valid upto

D	D	M	M	Y	Y	Y	Y
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 Fitness Valid upto

D	D	M	M	Y	Y	Y	Y
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LR/GR No. _____ Number of Passengers carried _____

Nature of Goods carried _____

Do you wish to provide any other information? ☐ Yes ☐ No

If yes, Details (if required you may please attach a separate sheet): _____

Please enclose legible copies of the following documents, duly attested by the insured:

1. Registration Certificate 2. Driving License (of the driver) 3. FIR if lodged 4. Fire Brigade Report if lodged.

In Case of Commercial Vehicle submit the following additional documents: 1. Permit 2. Fitness Certificate 3. LR / GR

DECLARATION

I/We agree to provide additional information to the Company, if required. I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited. I understand that the Company reserves the right of verification of facts and documents relating to the policy and claim.

Date: _____ Place: _____

Signature of Insured _____