

Claim form for Motor Vehicle (TO BE FILLED BY OWNER OF VEHICLE)

(The issue of this form is not to be taken as an admission of liability please answer all questions fully)

For claim Number please call on Toll Free Number 1800 2666

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	 _ _ Distri	_ _ _ _ ict _ 	_ _ _ _ _ _ _ _ _ _ _ _ _ Off. Tel. No.		_	
Average yearly income Occupation No. of members there in your Family How many of them are above 18 How many of them drive the vehicle	☐ <3 lac ☐ Service ☐ <2 ☐ <2		3 lac to 5 lac Marketing 2-4 2-4	☐ 5 lac to 10 lac ☐ Non Marketing ☐ 4-8 ☐ 4-8	☐ 10 lac to 20 lac ☐ Business ☐ >8 ☐ >8	□ >20 lac □ Others
How many vehicle do you have Average kms run in year How many times you claimed in last 2 years Usage Antitheft Device in the Vehicle			5000-10000	□ >2 □ 10000-20000 □ 2 in city) □ Gear Lock	☐ >20000 ☐ 3 or more ☐ Business (Outside ☐ Tracking Device	
INFORMA TION ABOUT INSURED VEHICLE : Registration No. _ _ _ _ _ Make _ _ _ Model _ _ _						
DET AILS ABOUT THE DRIVER (At time of acc Name _ _ _ _ _ _ _ _ _		_ _		Yes □ No Issuing au MV □ Mot	tor Cycle 🗆	_ _ _ _ _ _ _ _ _ _ _ _ _ _
DET AILS OF ACCIDENT: Date D D / M M / Y Y Y Y Exact location of accident (Address / Spot	Time <u>H H </u>	: <u>M</u>	<u>4 M</u> am/pm landmark)			
Was any third party responsible / liable for	r the accident		☐ Yes	□ No		

DETAILS OF GARAGE					
Garage Name _ _ _ _ _ _ _	.	_ _ _ _			
Garage Address _ _ _ _ _ _	. _ _ _ _ _	_ _ _ _			
		_ _			
Garage Phone Number _ _ _ _ _ _	_ _ _				
Garage Contact Person _ _ _ _ _	. _ _ _ _	_ _ _			
THIRD PARTY INJURY / THIRD PARTY VEHICLE D.	AMAGE				
i) Name					
ii) Address					
iii) Full details of personal / vehicle damaged					
WITNESS DETAILS (FOR THEFT AND THIRD PART	Y INJURY / DAMAGE)				
i) Give name and address of witness (if any)					
Correspondence Address					
Res. Tel. No.		 obile			
ii) Was accident reported to Police?	□Yes □No				
If not, reasons					
	iv) FIR No. / CR Dairy Number _				
v) Name of attending inspector _ _ _ _	··-				
PARTIAL / TOTAL THEFT					
i) Date D D / M M / Y Y Y Y Time _	: am/pm ii) Place of theft _ _ _				
iii) Circumstances relating to theft					
· · · · · · · · · · · · · · · · · · ·					
iv) Estimated cost of replacement (For partial theft of	claim) Rsv) By whom discovered ar	nd reported?			
vi) Has theft been reported to Police	vii) When ?vii) Which Police	ce Station			
Any other relevant information to processing of cla	im				
	DOCUMENTS REQUIRED				
For Accident Claims	For Theft Claims	For Third Party Claims			
☐ Claim Form Duly Signed*	☐ Claim Form Duly Signed*	☐ Claim Form Duly signed*			
R. C. Copy of the Vehicle**	R. C. Copy** of The Vehicle with All Original Keys	☐ Police FIR Copy			
☐ Driving License Copy** ☐ Policy Copy - (First 2 Pages only)	☐ Driving License Copy** ☐ Original Policy Copy	☐ Driving License Copy** ☐ Policy Copy			
☐ FIR Copy	☐ FIR Copy, Untrace Report, Dumping Yard Certificate	☐ MACT / Legal Notice			
☐ Original Estimate	□ RTO Transfer Papers Duly Signed*	☐ R. C. Copy** Of the Vehicle			
☐ Original Repair Invoice, Payment Receipt	□ NOC from Finance Company (If Hypothecated)	☐ Documents as required by			
☐ Letter of Indemnity and Subrogation*	☐ Documents as required by AML Guide Line	AML Guide Line			
☐ Documents as required by AML Guide Line					
*Stamp required in case	e of company **Original Documents to be produced for v	verification.			
I/We hereby agree, affirm and declare that:					
	s in this claim form are true, corrected and complete. property in respect of which the claim is being made are provided	d as per the proposal form or by way of an			
• •	except as provided or disclosed in this claim form, no claim made	hereunder (for teh same/similar claim) has			
made or lodged with any other insurance compan c. No material information, which is relevant to the pi	y. rocessing of the claim, which in any manner has a bearing on the cla	im, has been withheld or not disclosed.			
d. If/We have given/made any false of fraudulent sta	atement /information, or suppressed or concealed or in any mann	er failed to disclosed mal information, the			
	ed to all/any rights to recover there under in respect of any or all clai ealted documents does not constitute or be deemed to constitute a				
and the Company reserves the right to process or reject or required further/additional information in respect of the claim.					
f. I/We will not take input credit of the service tax paid	reject or required further/additional information in respect of the cla				
	reject or required further/additional information in respect of the cla				

For any future claim or insurance related query please call on Toll Free Number 1800-2-666

Date : | D | D | / | M | M | / | Y | Y | Y | Y |



Mailing Address: ICICI Lombard General Insurance Company Limited Interface Building No.11, 401/402 4th Floor, New Link Road Malad (W), Mumbai - 400064.

Corporate Address: ICICI Lombard General Insurance Company Limited,

 $Signature \, / \, Thumb \, Impression \, of \, the \, Insured$