CLAIM FORM - MOTOR INSURANCE



Toll Free No. 1800 266 3202

company. Please fill this form in block letters and tick (🗸) the boxes where appropriate. Please take due care to III all the columns. Please submit the duly filled claim form along with requisite documents to the company at the time of survey. Policy / Cover Note No.: Claim Number_ Chassis No.: _ Vehicle No.: _ Engine No.: _ Date of Registration: Kms: DETAILS OF INSURED/CLAIMANT Name as per Policy: Address: State: Pin: City: Mobile: Phone: Email ID: WhatsApp No.: Date of Birth: Aadhaar No. (Optional): PAN No.: Marketing Other Service Non Marketing **Business** Occupation: How many vehicle/s do you have 2 >2 5000-10000 10000-20000 >20000 Average Kms run in year 5000 LOSS DETAILS (DETAILS OF THE ACCIDENT) Accident Time: H H : M M AM/PM Location: _ Accident Date: Description Of Accident: _ Use the box below to show how the accident took place. Give exact street names, direction of vehicles involved and location of people/objects involved Number of Occupants/Co-passengers at the time of accident (including vehicle driver): Hire & Reward/Commercial Social/Domestic/Pleasure For what purpose was the vehicle used at the time of accident? DETAILS OF DRIVER AT THE TIME OF ACCIDENT Name Contact Number Age Correspondence Address: Pin: City: State: Phone: Mobile: Relative/Friend Owner Paid driver Relationship with the insured: Driving License No.: Permanent Learner's license: License type: Valid upto: Authorised to drive: Badge No.: PARTIAL / TOTAL VEHICLE THEFT Vehicle Stolen Parts Stolen When was it noticed: All keys of the vehicle in the possession of, Name: (In case of vehicle theft please report the incident to the police authorities immediately) Contact No: COMMERCIAL VEHICLE Permit No.: Permit valid upto: Fitness No.:_ Fitness valid upto: LR/GR No .: _ Issue date: Nature of goods carried: Was a trailer attached? Yes Load carried

To be filled and signed by the owner of the motor vehicle. Issuance of this form is not to be taken as admission of liability by the insurance



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DETAILS OF INJURY AND POLICE REPORT				
Police report lodged: Yes	Police Station:			
Death / Injury to any occupants / Third Party (others): Yes No Third Party Property Damage: Yes				
If yes, please provide additional details				
Name	Address	Contact Number	Nature of Injury	Details of Property Damage
In case of additional names/details to be provided, please use a separate sheet of paper and attach it with this claim form Please provide a copy of any legal/court notice received pertaining to this accident (if any)				
WITNESS DETAILS				
Name				
	Contact Number			
,				
DIRECT FUND TRANSFER / EFT MANDATE FORM				
I / We hereby authorize Magma HDI General Insurance Company to transfer the claim amount payable under:				
Claim No.:	, to My/Our Bank Ac	count No.:		
held with	(Name of bank), in			Branch,
located at		City. The MICR	code is	and
the IFSC code is	Account Type:	Savings Curi	rent	
Please submit Cancelled Cheque for Direct	Fund Transfer/EFTs			
DECLARATION BY THE OWNER OF THE VEHICLE				
I/we the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect, and				
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 of fact, the policy shall be void and all right to recover thereunder, in respect of past, present or further accidents shall be forfeited. I/We agree to provide additional information to the company, if required and understand that the Company				
reserves the right of verification/investigation of facts and documents relating to the policy and claim.				
Place				
Date DDMMYYYY				
		Signa	ture / Thumb impressi	ion of the Insured Name:
Where the vehicle is owned by a Partnership or Corporate Body or institution, by an authorised signatory of such partnership or a Corporate Body				
along with the seal of the concerned organisation.				
Indicative list of documents required for claim settlement				
• Registration Certificate* of the	Theft of Entire Vehicle Claims vehicle • FIR copy			
Driving license* of the driver of the d		'' .		
Police panchanama / FIR, if a	• Form 35/NOC signed by financier, if applicable			
Original estimate of repairs	Letter of subrogations KYC documents			
 KYC documents Fitness Certificate** of the veh 	NOC from financier, if hypothecation exists			
• Road permits** of the vehicle	Copy of Infilmation letter to RTO on the vehicle theff			
	• Goods receipt**/ Lorry Receipt** of the vehicle • Non Traceable certificate			
• FIR is mandatory in case of Ric	ots, Strike & Malicious act	Original vehicle regi	cle registration certificate	
Original repair invoice with possible been completed	ayment receipt after repairs have	All original keys of the invoice	s of the vehicle/service book/original purchase	
*Original documents to be shown when requested by the company				
** For commercial vehiclesAdditional documents required by us (if any) will be intimated to you as & when required				