



COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES- CLAIM FORM

Claimant's Statement

- Track your Claim Status
- Please share the copy of claim document at the time of submission. Original documents are required only for Hospitalisation due to accident.
- Provide your Mobile Number and E-mail ID to get Claim Updates
- Duly filled NEFT (National Electronic Funds Transfer) form

INSURED INFORMATION

Insured Name

Insured Address

Mobile No.: Alternate No.:

Email: Alternate No.:

Policy Period Insured Profession:

ACCIDENTAL DEATH & PERMANENT DISABILITY

Driving License Expiry Date: Place accident occurred:

Particulars of the accident /Description of accidental details

Was the accident related to the Insured's occupation? Yes No

Whether reported to Police Station Accidental Death Permanent Total Disability Permanent Patial Disability

If Yes Police station Name

Please indicate whether claim is in respect of (tick boxes) Yes No

For Accidental Death Place of Death:

For Permanent Total Disability Details of permanent total disablement:

For Permanent Partial Disability Details of permanent partial disablement:

DETAILS OF THE INSURED PERSON AND VEHICLE

Insured Name (Mr./ Mrs./ Ms.)

Address of Correspondence

City Pin

Tel Mobile* Email

PAN No. Vehicle No. Was he under influence of liquor/drugs: Yes No

Engine No. Chassis No.

Driving License No: Issuing Authority

Driving License Expiry Date

Type of Vehicles authorized to drive (tick one): LMV Transport Motorcycle



COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES- CLAIM FORM

CLAIMANT INFORMATION - INSURED OR NOMINEE (NOMINEE ONLY IF INSURED IS EXPIRED)

Claimant's Name

Relationship to Insured Claimant's Address

City State: Pin:

Mobile Alternate no

Date

Place

Signature of the claimant

Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment Cheque Fund Transfer

(Please tick for mode of payment)

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Branch Name

IFSC Code Email address

Attachments Cancelled Cheque Bank Passbook Copy

In Support of Bank Details
(Please tick the type of proof submitted)

Declaration: I Mr./ Mrs/ Ms. _____

undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

Signature of Beneficiary
Stamp Required in case of Company

Date

CLAIM DOCUMENT CHECKLIST

(Additional documents if required will be requested by the insurer)

Accident Claims

- Duly filled and signed Claim Form
- FIR from Police station/ Medico legal certificate from hospital (MLC Copy)
- Post Mortem Report, Inquest Panchnama

**COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR
INSURANCE POLICIES- CLAIM FORM**

- Cause of death Certificate from treating doctor
- Death Certificate from Municipal Corporation
- Original cancelled cheque with name of Nominee printed on cheque is required. If name is not printed on cheque please attach first page of bank passbook / Bank statement with stamp
- Legal heir certificate.

Personal Accident - Permanent Disability/Permanent Partial Disability

- Duly filled and signed Claim Form
- FIR from Police station/ Medico legal certificate from hospital (MLC Copy)
- Disability Certificate from Government Hospital
- All treatment papers and Investigation report from hospital
- Death Certificate from Municipal Corporation
- Photograph with disable part