

## CLAIM FORM - MOTOR INSURANCE

Toll Free No. 1800 266 3202

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 company. Please fill this form in block letters and tick ( ) the boxes where appropriate. Please take due care to ? Il 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\_ Vehicle No.: Chassis No.: \_ Engine No.: Date of Registration: DDDMMY Kms: **DETAILS OF INSURED/CLAIMANT** Name as per Policy: Address: State: City: Mobile: Phone: **Email ID:** WhatsApp No.: Date of Birth: CKYC No.: PAN No.: Marketing Non Marketing **Business** Other Service Occupation: How many vehicle/s do you have >2 5000 5000-10000 10000-20000 >20000 Average Kms run in year LOSS DETAILS (DETAILS OF THE ACCIDENT) Accident Date: Accident Time: H H : M M AM/PM Location: \_ 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): \_ For what purpose was the vehicle used at the time of accident? Hire & Reward/Commercial Social/Domestic/Pleasure DETAILS OF DRIVER AT THE TIME OF ACCIDENT Name Age yrs Contact Number Correspondence Address: City: State: Phone: Mobile: Relationship with the insured: Owner Paid driver Relative/Friend Driving License No.: License type: **Permanent** Learner's license: 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 No Load carried kgs



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DETAILS OF INJURY AND PO	OLICE REPORT							
Police report lodged: Yes No If Yes, FIR No.:				Police Station:				
Death / Injury to any occupants /	/ Third Party (others): Yes N	10	Third	l Party Prope	rty Damo	age: 🗌 Ye	s No	
If yes, please provide additional of	details							
Name	Address	Contact Nur	mber	Nature of Injury		Details of Property Damage		
	I ils to be provided, please use a separa al/court notice received pertaining to th			tach it with t	his claim	form		
WITNESS DETAILS								
Name			$\overline{}$					
Age yrs C	Contact Number							
DIRECT FUND TRANSFER /	EFT MANDATE FORM							
	General Insurance Limited to transfer t	he claim amount p	oayabl	e under:				
Claim No.:	, to My/Our Bank	Account No.:						
held with	(Name of bank), in						Branch,	
located at		City. The	MICR	code is			and	
the IFSC code is	Account Type:	Savings	Curre	ent				
Please submit Cancelled Cheque for Direct	Fund Transfer/EFTs							
UPI TRANSFER								
UPI ID to transfer to the claim ar	nount :							
DECLARATION BY THE OW	NER OF THE VEHICLE							
	, to the best of my/our knowledge and b							
	er declaration, the Company may requi concealment of fact, the policy shall be							
further accidents shall be forfeited	I. I/We agree to provide additional infor vestigation of facts and documents relati	rmation to the com	npany,	if required a				
Place	resilgation of facis and documents retain	rig to the policy diff	u Clulli	1.				
-								
Date DDMMYYYYY		L	C: '	/ <b>T</b> I I		. (11 1	1.51	
Where the vehicle is owned by a Pr	artnership or Corporate Body or institution		_		•	sion of the Ins		
along with the seal of the concerne		on, by an domons	eu sigi	idiory or soc	i parinei	ship of a corp	pordie body	
INDICATIVE LIST OF DOCU	JMENTS REQUIRED FOR CLAIM S	ETTLEMENT						
Accident Claims	-	Theft of Entire V						
• Registration Certificate* of the vehicle • Driving license* of the driver at the time of accident • Police panchanama / FIR, if accident reported 35/NOC signal.								
to the police • Original estimate	of repairs • KYC documents • Fitness	<ul> <li>KYC document</li> <li>Copy of Intimatic</li> </ul>						
	vehicle • FIR is mandatory in case of	document • Non	Trace	able certifica	te • Orig	ginal vehicle re	egistration	
Riots, Strike & Malicious act • C receipt after repairs have been co	Original repair invoice with payment	certificate • All o		al keys of th	e vehicle	e/service boo	k/original	
		20101100011110100						
*Original documents to be show ** For commercial vehicles	wn when requested by the company							
	by us (if any) will be intimated to you a	s & when required	l					

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainsurance.com | E-mail: customercare@magmainsurance.com | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 70016, West Bengal. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Motor Tinsurance | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789 (CF.MI.CMN.ver10.12.24)