



Muskurate Raho

MOTOR CLAIM FORM

IFFCO TOKIO GENERAL INSURANCE COMPANY LTD.

Regd. Office: Iffco Sadan Saket

To intimate a claim please call on Toll Free:-1800-1035-499

1. Important Instructions

- The issuance of this form is not to be taken as an admission of liability.
- To be signed by the Insured(Registered Owner) of the vehicle, or where Insured(Registered Owner) is a Partnership or Corporate Body, by an authorized signatory of such Partnership or Corporate Body along with the office seal of the concerned organization.
- Please do not leave any column unanswered.
- All facts and Statements must be factual not influenced or biased in any form.
- The damaged vehicle must be parked at safe place to avoid any subsequent damage/loss. The Company will not be responsible for the same.
- Please read carefully the attached list of documents required for faster processing of your claim.
- All documents provided by the Insured must be Self Attested.

2. Details of Policy Holder

| | | | |
|------------------------------|-------|-------------------------------|-------|
| Policy No/Cover Note : | _____ | Claim No : | _____ |
| Period of Insurance : From | _____ | To : | _____ |
| Name of the Insured : | _____ | | |
| Phone Number (Home/Office) : | _____ | Mobile Number: | _____ |
| Name of Registered Owner : | _____ | | |
| Current Address : | _____ | | |
| | _____ | Email: | _____ |
| Gender : Male / Female | | Date of Birth : (dd/mm/yyyy): | _____ |

3. Details of Incident (Accident / Theft)

| | | | | | |
|--|-------|--------------------------------|----------|---------------|-------|
| Date(dd/mm/yy) : | _____ | Time (a.m./p.m.) : | _____ | Speed (km/hr) | _____ |
| Exact Place Where incident occurred : | _____ | | | | |
| Place to which the vehicle was heading for before incident : | _____ | | | | |
| Purpose for which vehicle was being used/parked at the time of incident: | _____ | | | | |
| Nature & Weight of goods carried at the time of incident (Comm. Veh): | _____ | | | | |
| No of people travelling at time of incident : | _____ | Is it reported to the Police ? | YES / NO | | |
| Name & Address of the Police Station : | _____ | | | | |
| Gen. Diary/Crime No/FIR No and Date.: | _____ | | | | |
| Name and Address of the place where Insured vehicle is parked: | _____ | | | | |
| Estimated Loss Amount (Rs.) : | _____ | | | | |



4. Details of Vehicle

| | | | | | |
|-----------------------------|-------|------------------------------------|-------|-------------|-------|
| Registration No : | _____ | Make : | _____ | Model: | _____ |
| Date of 1st Registration : | _____ | Date of Transfer (if applicable) : | _____ | | |
| Name of Financier (if any): | _____ | Colour of Vehicle : | _____ | | |
| Type of Fuel : | _____ | Chassis No.: | _____ | Engine No.: | _____ |

5. Details of Driver

| | | | | | |
|--|-------|-------------------------|----------------------|-----------------------------|--|
| Name : | _____ | Relation with Insured : | _____ | | |
| Address : | _____ | | | | |
| Contact Number : | _____ | Gender : Male / Female | Driving License No : | _____ | |
| Issuing RTO : | _____ | License Expiry Date : | _____ | | |
| Class : MCycle / LMV / HGV / Transport / Non-Transport | | | | Type : Permanent / Learners | |

6. Please describe how the incident occurred

| |
|--|
| |
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| |
| |

7. Details of Occupant /Passenger/Third Party/Property Injury

7a. Injury/Death Details:

| S.No. | Name | Address | Phone No. | In What Capacity | Nature of Injury |
|-------|------|---------|-----------|------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7b. Third Party Vehicle/Property Details:

8. Other Insurance

Detail of other insurance policies indemnifying you or the driver in respect of above accident:

9. Past Claim History:

Was any claim reported in the past on the same vehicle during current year policy ?



10. NCB Claimed

| Policy Details | Policy No | Policy Inception | Policy Expiry | Name of the Insurer | Percentage(%) of NCB Claim |
|---------------------------------|-----------|------------------|---------------|---------------------|----------------------------|
| Current Policy | | | | | |
| 1 st Previous Policy | | | | | |
| 2 nd Previous Policy | | | | | |
| 3 rd Previous Policy | | | | | |

Undertaking

- 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 agree that if I/We have made any false or fraudulent statement or there be any suppression or concealment of facts, the claim shall be forfeited.
- I/We have received a list of documents with this claim Form and will provide such complete documents along with the signed Claim Form and have understood all the requirement to be fulfilled for administration of this claim. The Company shall not be held responsible for any delay in settlement of claim due to non-fulfillment of requirements including the submission of documents as required.
- I/We agree to provide any additional information/documents to the Company, if and when required.
- I/We hereby understand, agree and submit that No Claim Bonus (NCB) allowed to me/us under the Policy for which the Claim is being preferred/lodged is subject to the fact that the own damage claim experience for the insured vehicle or my/our earlier insured vehicle (in case of transfer of No Claim Bonus from earlier insured vehicle) in previous year policy(s) was NIL. Accordingly I/We once again submit/undertake that the "No Claim Bonus" (NCB) allowed under the current year Policy for the Insured Vehicle for which the Claim is preferred is based on the above NIL Claim history. Further I/We undertake and submit that in case the basis of availing the No Claim Bonus (NCB) under the current policy is incorrect, then the company may at its discretion impose suitable damages on the preferred claim which may include forfeiture of all benefits on own damage section of policy.

List of Documents Required for Claim Settlement

(To be submitted to the Surveyor/Customer Service Centre)

| For Accident Claim | | Additional Documents for Theft Claims |
|--------------------|---|---|
| 1. | Proof of insurance-Policy/Cover note copy | Original Policy document |
| 2. | Copy of Registration Book, Tax Receipt[Please furnish original for Verification] | Original Registration Book/Certificate and Tax payment receipt |
| 3. | Copy of Motor Driving License [With original] of the person driving the vehicle at the time of accident | Previous insurance details - Policy No, insuring Office/Company, period of insurance |
| 4. | Police Panchanama/FIR(In case of Third Property damage/Death/Body Injury) | All the sets of Key, Service Booklet, Original Purchase Invoice and Non Repossession Letter from Financier |
| 5. | Estimate for repairs from the repairer where the vehicle is to be repaired | Police Panchanama/FIR and Final Investigation Report |
| 6. | Repair Bill and payment receipts after the job is completed | Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON-USE" |
| 7. | Claims Discharge Cum Satisfaction Voucher Signed across a Revenue Stamp | Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financier, as the case may be, undated and blank |
| 8. | Documents as required by AML Guidelines | Letter of Subrogation |
| 9. | Permit, Fitness and Load Challan (in case of Commercial Vehicle) | Consent towards agreed claim settlement value from you and financier |
| 10. | | NOC of Financier if claim is to be settled in your favour |
| 11. | | Blank and undated "Vakalatnama" |
| 12. | | Documents as required by AML Guidelines |

Additional documents in specific claims shall be intimated separately.

Mandate Form for Electronic Transfer of Claim Payments

| | | | |
|---|--|---|--|
| Insured Name: | | | |
| Vehicle Registration No: | | | |
| Bank Details | | | |
| Bank Name | | | |
| Bank Branch | | | |
| Account Type | | | |
| IFSC Code* | | MICR Code* | |
| Account Number | | | |
| Bank Address | | | |
| *Please also attach one Blank Cancelled Cheque for NEFT/RTGS Payment | | | |
| Insured Name: | | (Signature/Thumb impression of Insured) | |
| Date & Place: | | | |



CLAIM DISCHARGE CUM SATISFACTION VOUCHER

| | |
|--------------------------------|--|
| Insured Name | |
| Vehicle Registration No | |
| Discharge Date | |

My vehicle number _____ having been repaired to my complete satisfaction, I am henceforth taking delivery of the same and authorise my insurer **IFFCO TOKIO GENERAL INSURANCE COMPANY** to make payment of Rs _____ to the _____ garage in respect of my aforementioned vehicle. I also confirm having paid Rs _____ in lieu of depreciation, policy excess and any additional work carried out at the garage.

I agree that this payment being made to the aforementioned garage is in full and final settlement of my claim.

I/we hereby voluntarily give discharge receipt to the Company in Full & Final settlement of all my/our claims present or future arising directly/indirectly in respect of said loss/accident. I/We hereby also subrogate all my/our rights and remedies to the Company in respect of the above loss/damages.

| | |
|--|--------------------------------------|
| | |
| Signature/Thumb impression of Insured | Signature and Stamp of Garage |

