



Claim No:

IFFCO-TOKIO GENERAL INSURANCE CO. LTD
 Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017
Motor - Claim Form

- 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.
- In case space provided is found insufficient, a separate sheet may kindly be annexed.

Insured Details

(Please fill all the details in CAPITAL Letters)

| | | | | | |
|---------------|--|-------|--|------------|--|
| Insured Name | | | | Policy No. | |
| Address | | | | | |
| City | | State | | Pin Code | |
| Email Address | | | | Mobile No. | |

Details of Vehicle

| | | | |
|-----------------|--|----------------------|--|
| Policy No | | Year of Manufacture | |
| Registration No | | Date of Registration | |
| Make | | Model | |
| Chassis No | | Engine No | |
| Hypothecation | | Type of Fuel | |

Details of Incident (Accident / Theft)

| | | | | | |
|--|------------|-------------------------------------|-------------|-------|-------|
| Date | DD/MM/YYYY | Time | 00:00 AM/PM | Speed | Km/hr |
| Policy No | | 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) | | GVW/KG | | | |
| No of people travelling at time of incident | | | | | |
| Is it reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, Name & Address of Police Station) | | | | | |
| Gen. Diary/Crime No/FIR No and Date | | Estimated Loss Amount | | Rs. | |
| Address of the place where Insured vehicle is parked after accident | | | | | |

Kindly mentioned the applicable add-ons as per claim details:

| S. No. | Benefits | Details | Claim Amount |
|--------|----------|---------|--------------|
|--------|----------|---------|--------------|

| | | | |
|---|--|--|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Note- If there is any loss of personal belongings, kindly mention the list of item(s) in the Details column. You may add additional sheet if the space provided is insufficient.

Details of Driver

| | | | | | |
|---------------------|---|-------|-----------------------|--|--|
| Name | | | Relation with Insured | | |
| Address | | | | | |
| City | | State | | Pin Code | |
| Email Address | | | Mobile No. | | |
| Driving License No | | | Issuing RTO | | |
| License Expiry Date | DD/MM/YYYY | | Type | Permanent <input type="checkbox"/> / Learners <input type="checkbox"/> | |
| Class | MCycle <input type="checkbox"/> / LMV <input type="checkbox"/> / HGV <input type="checkbox"/> / Transport <input type="checkbox"/> / Non-Transport <input type="checkbox"/> | | | | |

Please describe how the incident occurred

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

Other Insurance

| | | | |
|-----------|--|---------------------|---|
| Policy No | | Period of Insurance | From: DD/MM/YYY am/pm to DD/MM/YYYY am/pm |
|-----------|--|---------------------|---|

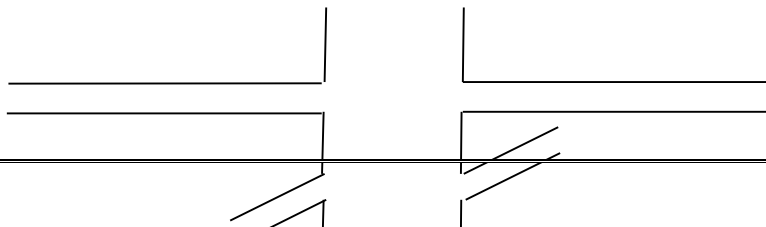
Past Claim History

| | |
|--|--|
| Was any claim reported in the past on the same vehicle during current year policy? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes, Please confirm nature of Loss | |

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.

Show how the Accident occurred (if any) by using below Diagram



Mandate Form for Electronic Transfer of Claim Payment

| 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 | | | |

| 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. | | |

| | |
|---|--|
| Insured Name: | |
| Date & Place: | |
| (Signature/Thumb impression of Insured) | |

CLAIM DISCHARGE CUM SATISFACTION VOUCHER

| | |
|-------------------------|------------|
| Insured Name | |
| Vehicle Registration No | |
| Discharge Date | DD/MM/YYYY |

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 |