

Motor Claim Intimation Form

Policy No:		Claim No:	
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Insured & Vehicle

Name:			
City:		Pincode:	
Contact No:			
Vehicle No:			
Engine No:		Chassis No:	

Driver at the time of Loss

Name:	
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Loss Details

Date of Accident:			
Time:			
Place:			
Was any occupant injured?	Yes	No	
Any Injury / Death to TP:	Yes	No	
FIR Filed:	Yes	No	

Give a short description of the accident:

Declaration & Consent

I/We hereby declare that the above statements are true to the best of my/our knowledge and belief. I/We have not withheld any material information. I/We understand that any false statement or misrepresentation may result in the claim being rejected. I/We consent to the collection and processing of my/our personal data for claim purposes in accordance with KYC requirements and the Digital Personal Data Protection Act, 2023.

Date: _____

Name of Insured: _____

Note: This form is generated digitally based on the details furnished by the insured at the time of claim intimation. Any discrepancies should be reported immediately to the claims department.