



redefining /
general insurance

**Bharti AXA General Insurance
Company Limited**

☎ 080-49123900
✉ claims@bharti-axagi.co.in
📱 SMS <SERVICE> to 5667700
🌐 www.bharti-axagi.co.in

Motor Insurance - Claim Form

Important Note

Issuance of this form is not to be taken as an admission of liability.

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate and do not leave any column unanswered.

Policy Number: _____ Claim Number: _____

Vehicle Number: _____ Chassis Number: _____ Engine Number: _____

1 Details of insured

Insured/Claimant Name _____

Address _____

City _____ Pin code _____ State _____

Contact Nos. _____ Mobile No. _____ Office +91 _____

Residence +91 _____ E-mail ID _____

2 Loss details

Accident occurred on at _____ Hrs. Place of Accident _____

Short Description of Accident _____

3 Details of driver at the time of accident

Name _____

Age Sex: Male Female Occupation _____

Driving License No. _____ Valid upto

Authorised to drive _____ Issuing Authority _____

Badge No. _____ Is Driver: Owner Paid Driver Relative / Friend

4 Details of injury and police report

Police Report lodged Yes No

If yes FIR No. _____ PS. _____

Death / Injury to any occupant / Third Party (others) Yes No Third Party Property Damage Yes No

Attach additional details in case of death and/or injury to Third Party / Occupants / Driver or damage to property.

5 Additional details in case of commercial vehicles

Permit No. _____ Valid upto Fitness Valid upto

LR/GR No. _____ Number of Passengers carried _____

Nature of Goods carried _____

Do you wish to provide any other information? Yes No

If yes, Details (if required you may please attach a separate sheet): _____

Please enclose legible copies of the following documents, duly attested by the insured:

1. Registration Certificate 2. Driving License (of the driver) 3. FIR if lodged 4. Fire Brigade Report if lodged.

In Case of Commercial Vehicle submit the following additional documents: 1. Permit 2. Fitness Certificate 3. LR / GR

Mandatory Requirement: Cancelled blank Cheque- for ensuring accuracy of name of the bank, branch name, Account number and IFSC code. If name / IFSC code / account number of the payee is not printed on the cheque leaf, please attach copy of the first page of the bank passbook.

6 Declaration

I/We agree to provide additional information to the Company, if required. I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited. I understand that the Company reserves the right of verification of facts and documents relating to the policy and claim.

Date: _____ Place: _____

Registered office address: Bharti AXA General Insurance Co. Ltd.,
First Floor, Ferns Icon, Survey No. 28, Doddanekundi, Bangalore- 560 037. IRDA Reg. No-139.
ST Registration No.: AADCB2008DST001 Co. Registration No.: U66030KA2007PLC043362
Insurance is the subject matter of solicitation.
CF/MPV/SURAJ/06-14

Signature of Insured _____