



दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड

THE NEW INDIA ASSURANCE COMPANY LIMITED

पंजीकृत एवं प्रधान कार्यालय : न्यू इन्डिया एश्योरन्स बिल्डिंग, 87, महात्मा गांधी मार्ग, फोर्ट, मुंबई - 400 001.

Regd. & Head Office : New India Assurance Bldg., 87, Mahatma Gandhi Road, Fort, Mumbai - 400 001.

Service Tax No.
AAACN4165CST178

MOTOR CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF ANY LIABILITY

Please answer all required questions fully

Branch / Divisional Office Address :	Name & Address with email and Phone Nos. of Insured for Correspondence :

Claim No.: _____ Date & Time of intimation : _____

POLICY DETAILS OF THE VEHICLE

Policy / CN No.: _____ Period of insurance _____

Details of other Insurance Policy, if any :

Policy No.: _____ Period of insurance _____

Name of the Insurance Company : _____

THE INSURED VEHICLE :

Regd. No.	Make	Year	Engine No.	Chasis No.	Cubic/Carrying Capacity

For Private Vehicle :

Whether Occupant(s)/Pillion-Rider(s) was / were carried at the material time ?

Yes, kindly specify his/their name(s) & Occupation

For Commercial Vehicle :

Regd. Laden Weight : _____ Kgs. Unladen Weight _____ Kgs. Weight of Goods Carried _____ Kgs.

Type of Permit : _____ Type of Goods Carried _____

Whether Public Liability Policy & required (For Hazardous Goods) Yes / No

No. of Passengers carried at the material _____ No. of Passengers permitted under Permit _____

Whether the vehicle attached with Trailer(s)? Yes / No. If Yes, specif No(s) : _____

Policy No.: _____ Period of Insurance _____

DETAILS OF INJURY / DEATH TO THIRD PARTY / EMPLOYEES / DAMAGE TO THIRD PARTY PROPERTY ETC.:

Specify No. of Injured / death Persons : Injured : No.: _____ Death : No.: _____

Whether any of your Workman sustained

injury / death Yes / No Injured : No.: _____ Death : No.: _____

Specify the wage paid to the concered Workman : _____

Specify, the nature of damage to TPPD : _____

Application Cost of TPPD damage _____

N.B.: Kindly enclose a separate Sheet stating details of name, age, income etc. involved in the accident.

Downloaded from www.insureactlink.com - Brokers: Royal Insurance Brokers Ltd.

DETAILS OF THE DRIVER ON THE WHEEL, AT THE MATERIAL TIME OF ACCIDENT :

Name : _____ Age : _____

Relationship with Insured : Put 'X' Mark Self Paid Driver Relation Friend

Driving Licence No.: _____ Issuing Authority : _____

Specify, types of Vehicles Authorised to drive : _____ Date of expiry : _____

Specify, Original issuing Authority and subsequent renewing Authorities in chronological order :

1	2
3	4

Whether the Driving Licence is / was suspended by the Competent Authority / Court _____ Yes / No

Specify, the reasons : _____

DETAILS OF ACCIDENT / THEFT

Date : _____ Time : _____ Place : _____

FIR No. & Date _____ Charges u/s : _____ Police Station : _____

In case other Vehicle is involved, specify vehicle No.: _____

Name of the Complainant, who lodged the FIR : _____

For what purpose was the vehicle being used at the material time? _____

Brief particulars of the accident _____

If no FIR is lodged, specify the reasons: _____

DETAILS OF THEFT :

Modus Operandi regarding theft of the insured vehicle : Put 'X' mark where applicable	While Parked	During Transit	Under Duress	By Employee
	Trace / Not Traced	Trace / Not Traced	Trace / Not Traced	Trace / Not Traced

DETAILS OF DAMAGE TO INSURABLE VEHICLE

When & where can the damaged vehicle be inspected : _____

Nature of Damage to Vehicle _____ IDV : Rs. _____

Approximate Estimated Cost of repair : Rs. _____

Note: Kindly enclose a separate Sheet stating the estimate Cost of repairs of the insured vehicle

I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the above statements in every respect, and I/We have made, or in any further declaration, the Company may require in respect of the said accident, shall, any false or fraudulent statement, or any suppression or concealment, the policy shall be paid and insurer has all right to recover and thereunder, in respect of past or future accidents shall be forfeited.

Signature of the insured