# ICICI Lombard Motor Insurance

## Claim form for Motor Vehicle

(TO BE FILLED BY OWNER OF VEHICLE)

(The issue of this form is not to be taken as an admission of liability please answer all questions fully)

INFORMATION ABOUT INSURED : POLICY / COVER NOTE NO._____ CLAIM NO. _____

Name |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Correspondence Address |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| District |__|__|__|__|__|__|__|__|__|__|__|__| Pin |__|__|__|__|__|__|

Res. Tel. No. |__|__|__|__|__|__|__|__|__|__|__|__| Off. Tel. No. |__|__|__|__|__|__|__|__|__|__|__|__| Fax No. |__|__|__|__|__|__|__|__|__|__|

Mobile |__|__|__|__|__|__|__|__|__|__| E Mail Id _____

Age of the Owner ☐ 18-24 ☐ 25-35 ☐ 35-55 ☐ Above 55

Sex of Owner ☐ Male ☐ Female

Average yearly income ☐ less than 3 lac ☐ 3 lac to 5 lac ☐ 5 lac to 10 lac ☐ 10 lac to 20 lac ☐ above 20 lac

Occupation ☐ Service ☐ Marketing ☐ Non Marketing ☐ Business ☐ Others

No. of members there in your Family ☐ < 2 ☐ 2-4 ☐ 4-8 ☐ >8

How many of them are above 18 ☐ < 2 ☐ 2-4 ☐ 4-8 ☐ > 8

How many of them drive the vehicle _____ _____

How many vehicle do you have ☐ < 2 ☐ <2 & <5 ☐ >5 & <10 ☐ >10 & <15 ☐ >15 & <20 ☐ > 20

Average kms run in a year ☐ <5000 ☐ 5000-10000 ☐ 10000-20000 ☐ >20000

Usage ☐ Personal ☐ Business (wihtin city) ☐ Business (outside city)

How many times you claimed in last 2 years ☐ none ☐ 1 ☐ 2 ☐ 3 or more

Who was driving during accident ☐ Owner ☐ Spouse ☐ Son ☐ Daughter ☐ Chauffer

Age of the Dirver ☐ 18-24 ☐ 25-35 ☐ 35-55 ☐ Above 55 Sex : ☐ M ☐ F

Safety Devices in vehicle ☐ None ☐ Gear Lock ☐ Gear Lock & tracking device

Purpose of vehicle ☐ Replacement ☐ New Business Opt. ☐ Purchase vs Hire

Purview of operation ☐ Local ☐ Interstate ☐ National Permit

No. of Years in Trade ☐ New ☐ 1-5 Years ☐ > 5 Years

Years pf Experience of Driver ☐ New ☐ < 2 years ☐ > 2 & < 5 years ☐ >5 Years

Nature of Business ☐ Seasonal ☐ Non Seasonal

Need for the vehicle ☐ Captive usage ☐ Market Load ☐ Contract

Hypothecation ☐ Yes ☐ No Sex of the Driver ☐ Male ☐ Female

INFORMATION ABOUT INSURED VEHICLE :

Registration No. |__|__|__|__|__|__|__|__|__|__|__| Make |__|__|__|__|__|__|__|__|__|__| Model |__|__|__|__|__|__|__|__|__|__|

Date of Registration |d|d|/|m|m|/|y|y|y|y| Mileage |__|__|__|__|__|__|__|__|__|__|__|__| kms

Chassis No. |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Engine No. |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Class of Vehicle ☐ Private ☐ Commercial ☐ Two Wheeler

Hypothecation/ Hire purchase agreement _____

DETAILS ABOUT THE DRIVER (At time of accident)

Name |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Correspondence Address |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

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Driver is ☐ Owner ☐ Paid driver ☐ Relative/Friend If paid driver, how long has he been in your employment ? _____ yrs

Was he under the influence of intoxicating liquor or drugs? ☐ Yes ☐ No

Driving license number |__|__|__|__|__|__|__|__|__|__|__|__|__|__| Issuing authority _____

Date of expiry |d|d|/|m|m|/|y|y|y|y|

Driving license type ☐ HGV ☐ LCV ☐ LMN ☐ Motor Cycle ☐ Scooter without Gear

Details of endorsements, suspension if any

Was the license temporary? ☐ Yes ☐ No Details of endorsements, suspension if any _____

DETAILS OF ACCIDENT :

Date |d|d|/|m|m|/|y|y|y|y| Time |H|H| : |M|M| am/pm

Exact location of accident _____

Give brief description of the accident _____

_____

_____

_____

Was any third party responsible/liable for the accident ? ☐ Yes ☐ No

If yes, please provide a copy of FIR Details _____

Note : "Processing of this claim is covered under Cashless Agreement with dealer".

**DETAILS OF GARAGE**

Garage Name

Garage Address

Garage Phone Number

Garage Contact Person

**THIRD PARTY INJURY / THIRD PARTY VEHICLE DAMAGE**

i) Name

ii) Address

iii) Full details of personal / vehicle damaged _____

**WITNESS DETAILS (FOR THEFT AND THIRD PARTY INJURY / DAMAGE)**

i) Give name and address of witness (if any)

Correspondence Address District Pin

Res. Tel. No. Off. Tel. No Mobile

Ii) Was accident reported to Police? ☐ Yes ☐ No

If not, reasons _____

iii) If yes to which Police station? _____ iv) FIR No./CR Dairy Number

v) Name of attending inspector

**PARTIAL / TOTAL THEFT**

I) Date d d / m m / y y y y Time : am/pm ii) Place of theft

iii) Circumstances relating to theft _____

_____

iv) Estimated cost of replacement (For partial theft claim) Rs. _____ v) By whom discovered and reported? _____

vi) Has theft been reported to Police_____ vii) When? _____ vii) Which Police Station _____

Any other relevant information to processing of claim. _____

**DOCUMENTS REQUIRED**

**For Accident Claims**
- ☐ Claim Form Duly Signed*
- ☐ R. C. Copy Of The Vehicle**
- ☐ Driving License Copy**
- ☐ Policy Copy - (First 2 Pages Only)
- ☐ FIR Copy
- ☐ Original Estimate
- ☐ Original Repair Invoice, Payment Receipt
- ☐ Letter of Indemnity and Subrogation*

**For Theft Claims**
- ☐ Claim Form Duly Signed*
- ☐ R. C. Copy** of The Vehicle with All Original Keys
- ☐ Driving License Copy**
- ☐ Original Policy Copy
- ☐ FIR Copy, Untrace Report, Dumping Yard Certificate
- ☐ RTO Transfer Papers Duly Signed*
- ☐ NOC from Finance Company (If Hypothecated)

**For Third Party Claims**
- ☐ Claim Form Duly signed*
- ☐ Police FIR Copy
- ☐ Driving License Copy**
- ☐ Policy Copy
- ☐ MACT / Legal Notice
- ☐ R. C. Copy** Of The Vehicle

* Stamp required in case of company ** Original Documents to be produced for verification

I/We hereby agree, affirm and declare that:

a. The statements/ information given/ stated by me/us in this claim form are true, corrected and complete.

b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (for the same/similar claim) has been made or lodged with any other insurance company.

c. No material information, which is relevant to the processing of the claim, which in any manner has a bearing on the claim, has been withheld or not disclosed.

d. If I/We have given/made any false of fraudulent statement/ information, or suppressed or concealed or in any manner failed to disclosed material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.

e. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or required further/additional information in respect of the claim.

**Place:**

**Date:** d d / m m / y y y y

**Signature/Thumb Impression of the Insured**

ICICI Lombard
GENERAL INSURANCE

**ICICI Lombard General Insurance Company Limited**
Regd. Office : ICICI Bank Towers, Bandra Kurla Complex, Mumbai - 400 051, India
Mailing Address : Zenith House Keshavrao Khadye Marg,Mahalaxmi, Mumbai - 400 034.
Website: www.icicilombard.com e-mail:info@icicilombard.com

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