

General Insurance

Motor Claim Form

(Issuance of this form does not imply acceptance of the liability) All fields in the form are mandatory

Personal Details of Claimant (Owner) To be filled in BLOCK CAPITALS

Policy No. _____ Cover Note No. _____

Policy Period From To

Full Name Mr./Mrs./Ms.

Address for Communication

Flat Building

Road/Street/Sector

Nearest Landmark Area

Taluka/Village/District/City Pin Code

State D.O.B

Phone Mobile

Alternate Phone Alternate Mobile

Email ID Pan No.:

Aadhaar (UIDAI) No.:

Insured Profession: Private Service Self Employed Politician Retired
 Student Government Service House Wife

Monthly Income Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1 Lakh ₹ 1 Lakh and above

Any claims made in last two insurance policy Yes No If yes, please specify _____

Vehicle Details

Registration No. Date of Registration

Date of Purchase of Vehicle Expiry of Temp. Reg (If applicable)

Chassis No. Engine No.

Make Model

Class of Vehicle Pvt Two Wheeler Commercial

Financers Yes No If yes, Name of Financier _____

Vehicle fitted with LPG/ CNG Yes No Vehicle fitted with Anti theft device Yes No

Details of accident

Date Time am/pm Vehicle Speed: _____

Place of accident _____ Odometer reading _____

Police FIR No. / GD Entry (Lodged if any) Name of Police Station _____

Name of Garage

Estimate of Loss Garage Ph. No.

No. of persons traveling at the time of accident excluding driver _____

Description of accident (Please attach a separate sheet if needed) _____

For what purpose was the vehicle being used at the time of accident? Personal For Hire of Passenger Carriage of Goods

From where to where vehicle was plying _____ to _____

Was any third party involve in the accident Yes No If Yes Vehicle No. and details _____

Diagram of location of accident, position of your vehicle, direction in which you vehicle was moving. Street name, nearest landmark/shop/building

Kindly shade the damaged portion

Right Side


Front

Top
Under Body

Rear

Left Side

Sample Layout



Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Reliance General Insurance Company Limited.

Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400001.

Corporate Office: 570, Rectifier House, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400031.

Corporate Identity Number U66603MH2000PLC128300.

An ISO 9001:2008
Certified Company

Driver at time of accident

Name _____

Correspondence Address _____

Telephone Number _____ Gender: Male / Female

Date of Birth [d , d | m , m | y , y , y , y] Licence No. _____

Licensing Authority _____ Valid upto [d , d | m , m | y , y , y , y]

Type of Vehicle authorised to Drive: HGV Transport LMV Motor Cycle Scooter Without Gear

Is the Driver: Owner Paid Driver Any Other Person If any other person, please specify _____

Was the driver under the influence of alcohol: Yes No Type of Licence: Permanent Learner

Driver involve in any other accident in last two years Yes No If yes, please provide details _____

Details required only for Commercial Vehicle

Nature of load carried at time of accident _____ G. R. Date and No. _____

No. of passenger's carried at time of accident _____ Permit No. _____

Permit valid upto _____ Permit Issuance Date _____

Fitness valid upto _____

If there is a third party property damage or injury

Type of T. P. Loss	Injury / Death / Property damage	Status of victim	Passenger / Dr. / Third person

Additional information required for theft claim

Place of theft _____ Time noticed _____ Date of Theft [d , d | m , m | y , y , y , y]

Police Station _____ FIR No. _____

Date of FIR [d , d | m , m | y , y , y , y]

By whom it was first noticed and when: _____ Time [h , h | m , m] am/pm

Witness 1: Name & Address _____ Witness Contact No. _____

Witness 2: Name & Address _____ Witness Contact No. _____

Details of person in whose possession the vehicle was at the time of theft _____

Relationship _____ Purpose _____

Add On's

Do you wish to opt a claim for add on cover if opted under the policy Yes No

Cover for Nil Depreciation Motor Secure Plus Motor Secure Premium NCB Retention cover

Easy Monthly Instalment (EMI) Protection Cover: Plan I - 1 EMI Plan II - 2 EMIs Plan III - 3 EMIs

Total Cover

Details of any other insurance covering this vehicle _____

Name of Insurance Company _____

Policy No. _____ Period of insurance _____

Bank Details (For Reimbursement Claims)

Bank Name _____ Branch Name _____

A/C Holder Name as in Bank Record _____ City _____ State _____

Account No _____ IFSC Code _____
(this is a 11 digit code printed on your cheque leaf)

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) _____

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited. I have received and read the Claim Procedure of the insurer attached to this Claim Form and retained it with me/us. I agree to provide additional information to the Company if required.

Place _____

Date [d , d | m , m | y , y , y , y]

Signature of the Insured

Claim Procedure: Step-by-Step Guide for Claims

Registration of Claim

Claim has to be intimated with our Call Centre at 1800 3009 (toll free)

Intimate the claim to the insurance company immediately. Delay in intimation would tantamount to a violation of policy condition.

First Step

- ▶ Please provide your mobile no. for sending SMS about your claim status from time to time.
- ▶ If there has been any injury to any passengers or a head on collision resulting in major damages or vehicle not in a motorable condition due to accident please report the matter to Police and seek a spot survey immediately before shifting the vehicle from the accident spot.
- ▶ Please rush the injured to the hospital.
- ▶ You can seek the help of our Call Centre Executives in identifying a cashless network garage* close to the location of loss.
- ▶ Decide on the repairer and inform us immediately once the vehicle is left at the garage.
- ▶ Please try to produce the vehicle for inspection as early as possible as the policy does not pay for consequential/aggravated damages on account of delay.
- ▶ Submit all documents listed on time for a speedier claim settlement.**
- ▶ Keep original documents ready for verification by our loss assessor.
- ▶ Produce the vehicle for re-inspection after repairs if the loss is above Rs.20,000. Submit bills and cash receipt within 10 days from the date of repair.
- ▶ To pay the difference bill amount over and above the liability of the insurance company before taking delivery of the vehicle from our cashless network garage, which can be on account of depreciation, salvage, excess, consumables etc.
- ▶ We suggest you to opt for a NEFT (electronic fund transfer to your bank account directly) for a hassle free claim settlement, if you have not chosen to repair at our cashless network garage.
- ▶ In case of a loss due to riots inform police immediately.
- ▶ If loss is on account of fire, intimate fire brigade immediately and try to minimise loss.
- ▶ In case of a theft claim, report the loss immediately to the insurance company and also the police. Informing insurers immediately helps us co-ordinate with the police for tracing of the vehicle through the investigator.
- ▶ To co-operate with the investigator in a theft claim and provide necessary information sought by him.
- ▶ If you would like to lodge a claim under the personal accident cover of the policy for death or permanent total disablement or loss of limbs or eyes*** do intimate the call centre executive of the same.

*Conditions apply

**Claim amount shall be subject to the policy terms and conditions and there shall be deduction for depreciation, excess, salvage etc. as laid down in the policy terms. Please go through the policy document

***Please refer Section III of the policy document

Documents to be kept ready at the time of registration of a claim

- ▶ Policy Copy
- ▶ Registration Book
- ▶ Driving License

You may have to inform the insurer of the following at the time of intimation of a claim:

- ▶ How the accident took place
- ▶ The damages suffered by the vehicle
- ▶ Location of the accident
- ▶ Where the vehicle is available for inspection
- ▶ Injuries to passengers/driver/third parties if any
- ▶ Name and particulars of driver who was driving the vehicle at the time of accident

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Vehicle repair satisfaction voucher (For Cashless Settlement)

Claim No. _____

I/ We hereby acknowledge having received from _____ Name of the garage _____ garage my/our _____ Make & Model _____ vehicle bearing Registration Number _____ Registration No. _____ Which has been repaired to my/our satisfaction and I/we admit that the payment of ₹ _____ on account of such repair by Reliance General Insurance Company Limited to the above garage is in full discharge of my/our claim upon the said company under Policy No. _____ in respect of the damage caused to the above mentioned vehicle in an accident which occurred on _____

Place _____

Signature of the Insured: _____

Date | d | d | m | m | y | y | y | y |

Name of Insured: _____

Documents required for processing of a claim

General Documents applicable for all type of losses		Own Damage	Theft of vehicle	Personal Accident Claim
OWN DAMAGE	Claim Form filled-up completely & duly signed*	✓	✓	✓
	Policy Copy	✓	✓	✓
	RC with RTO Tax Receipt**	✓	✓	✗
	Driving Licence Copy**	✓	✗	✗
	Original Estimate of Repair	✓	✗	✗
	Original Repair Invoice and payment receipt	✓	✗	✗
	FIR Copy (in case of major loss and theft)	✓	✓	✗
	Fire Brigade report for fire loss	✓	✗	✗
	Cancelled Cheque for fund transfer	✓	✓	✓
	KYC document for high value claim	✓	✓	✓
	Bank details for the payment for EMI protector	✓	✗	✗
	Loan documents for EMI payment for EMI protector	✓	✗	✗
	Auto Loan Account No.	✓	✗	✗
	Purchase Invoice Copy	✓	✗	✗
	Vehicle Fitness Certificate Copy***	✓	✓	✗
	Vehicle Permit and Authorisation Copy***	✓	✓	✗
Load Challan for goods vehicle***	✓	✗	✗	
Passenger list for passenger carrying vehicle***	✓	✗	✗	
Additional documents for Theft of vehicle	Non Traceable report	✗	✓	✗
	All Original Keys	✗	✓	✗
	Letter of subrogation and indemnity	✗	✓	✗
	Loan account statement from Financier	✗	✓	✗
	NOC from Financier (if hypothecated)	✗	✓	✗
	Form 35 duly signed	✗	✓	✗
	Form 28, 29 and 30 duly signed	✗	✓	✗
	Letter to RTO intimating them of the theft	✗	✓	✗
Hospital Certificate/documents	✗	✗	✓	
Personal Accident Claim	Death Certificate	✗	✗	✓
	Post Mortem Certificate	✗	✗	✓
	Legal Heir Certificate/Will/Proof of nomination	✗	✗	✓
	Affidavit on non judicial stamp paper	✗	✗	✓
	Certificate of disablement in case of a permanent partial disability	✗	✗	✓

*Stamp require in case of company

**Original document to be produced for verification

***Applicable for commercial vehicles only

In case if necessary, additional documents may be require for processing of a claim

Track your claim status

You can always track your claim status -

- ▶ On our website - www.reliancegeneral.co.in, in the 'Claims' section
or
- ▶ Through the Automated Interactive Voice Recorder System at our Call Centre or speak to our Call Centre Executives at **1800 3009** (toll free)
or
- ▶ SMS claimstatus<space><claim number> at **9266334477** to get the claim status

Registered & Corporate Office Address

Reliance General Insurance Company Limited.

Registered Office: Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001.

Corporate Office: 570, Rectifier House, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400031.

For any assistance call **1800 3009** (toll free)

IRDA Registration No. 103. Insurance is a subject matter of solicitation.



Claim Discharge Voucher (For Reimbursement Claims)

In consideration of approval of my /our claim, I /we hereby accept from Reliance General Insurance Company Limited the sum of ₹ _____ Rupees (amount in words) _____ in full and final settlement of my/our claim.

I / we hereby voluntarily give discharge receipt to the company in full and final settlement of all my / our claims present or future arising directly/ indirectly in respect of the said loss/accident. I /we hereby also subrogate all my/our rights and remedies to the company in respect of the loss/damage.

Claim No : _____

Signature of Insured: _____

Policy No : _____

Name of Insured: _____

Date of loss : | d | d | m | m | y | y | y | y |

Date: | d | d | m | m | y | y | y | y |

Note:

- ▶ In case of firm/company owned vehicles stamp & sign of authorized signatory is required.
- ▶ Issuance of this voucher is not to be taken as admission of liability.

IRDA Registration No. 103. Insurance is a subject matter of solicitation.