Vehicle Insurance Claim Form
For claim intimation please call on our Toll Free Number 18002664545

GUIDELINES FOR COMPLETION OF THE FORM
1. Claim form is to be filled in BOLD AND BLACK INK; filled & signed by the Insured. Fields marked * are MANDATORY
2. Please do not leave any column unanswered
3. Please provide complete information in respect to all details sought under this claim and ensure that all details are completed truthfully and accurately
4. All facts and statements must be factual not influenced or biased in any form.
5. Please read carefully the attached list of documents required to speed up processing of your claim.
6. The issue of this form is not to be taken as an admission of the Company’s liability

TYPE OF LOSS
Loss Type*
- Own Damage
- Third Party
- Personal Accident

INSURED DETAIL’S
Policy / Cover Note No.*
Name*
First Name  Middle Name  Last Name
Permanent Address*
Address (Line 1)
Address (Line 2)
City / District  State  Pin Code  Country
Mobile*
Email*

INSURED VEHICLE DETAILS
Date of Registration*  D D M M Y Y Y Y
Registration Number*
Engine Number*
Chassis Number*
Make of Vehicle*
Model*
Odometer Reading  Kms.

DETAILS ABOUT THE DRIVER / RIDER (at the time of accident)*
Name*
First Name  Middle Name  Last Name
Gender*
- Male
- Female
- Other
Date of Birth*  D D M M Y Y Y Y
Driving license number*
License Date of expiry*  D D M M Y Y Y Y
License Issuing authority*
License for type of vehicle*
Was the license temporary?  Yes  No
Relation with Insured
If paid driver, how long has he been in your employment?  yrs.
Was he under the influence of intoxicating liquor or drugs?  Yes  No
Details of endorsements, suspension if any


DETAILS OF GARAGE

Garage Name

Garage Contact Person and Address

CONSENT FOR FUND TRANSFER FOR CLAIM PAYMENT

(for reimbursement claims)

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and or claims directly to your bank accounts. Please select any one of the below options as applicable.

- Bank details as per premium cheque to be used for electronic fund transfer.
- Cancelled Cheque submitted of other bank.

Particulars of bank account: Bank Name

- Account Number
- IFSC / MICR Code
- Account Holder Name

Disclaimer: Kotak Mahindra General Insurance Company Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete.
I / We hereby declare that the statements made by me / us in this Claim Form are true to the best of my / our knowledge and belief.

Date: [D D M M Y Y Y Y] Place: [ ]

**Declaration**

**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
- Estimate of Repairs
- Original Repair Invoice, Payment Receipt
- Letter of Indemnity and Subrogation*
- Documents as required by AML Guide Line
- KYC

### For Theft Claims
- Claim Form Duly Signed*
- R. C. **Copy of the Vehicle
- Driving License Copy**
- Policy Copy - (First 2 Pages only)
- FIR Copy, Untrace Report, Dumping Yard Certificate
- NOC from Finance Company (If Hypothecated)
- Letter of Indemnity and Subrogation*
- Documents as required by AML Guide Line
- KYC
- Previous Insurance Details
- Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON - USE"
- Form 28, 29, 30 signed by the insured and form 35 signed by the financer, as the case maybe undated and blank
- Consent towards agreed claim settlement value from you and financer
- Blank and Undated “Vakalatnama”

### For Third Party Claims
- Claim Form Duly Signed*
- R. C. **Copy of the Vehicle
- Driving License Copy**
- Policy Copy - (First 2 Pages only)
- FIR Copy
- MACT / Legal Notice
- Documents as required by AML Guide Line

### For Commercial Vehicle:
- Certificate of Fitness
- Copy of Permit

### For Commercial Vehicle Claims:
- Certificate of Fitness
- Copy of Permit

### For Personal Accident Claims
- Claim Form Duly Signed*
- R. C. **Copy of the Vehicle
- Driving License Copy**
- Policy Copy - (First 2 Pages only)
- FIR Copy / Panchnamama / Policy inquest report duly attested by police station
- Copy of Medico Legal Certificate duly attested by the concerned Hospital
- Documents as required by AML Guide Line
- KYC

### For Accidental Death Claim:
- Original Death Certificate
- Death Summary issued by Hospital
- Post Mortem Report (if conducted)
- Identity proof of Nominee or Original Succession Certificate / Original Legal Heir Certificate

### For Disability Claim:
- Treating Medical Practitioner’s certificate describing the disablement; **
- Discharge summary from the Hospital **
- Photograph of the Insured Person reflecting the disablement
- Prescriptions and consultation papers of the treatment;
- Disability certificate issued by treating Medical Practitioner.
- Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable

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

Claim No. [ ]
VEHICLE REPAIR SATISFACTION VOUCHER (for cashless settlement)

I / We hereby acknowledge having received from __________________________ garage my / our vehicle ______ Make & Model ______ bearing Registration Number ____________ Which has been repaired to my /our satisfaction and I / we admit that the payment of ₹ __________ on account of such repair by Kotak Mahindra 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 ____________.

Date* __________________________ Place __________________________ Signature / Thumb Impression of the Insured

Claim Discharge voucher (#) (for reimbursement claims)

I / We hereby acknowledge having received from __________________________ garage my / our vehicle ______ Make & Model ______ bearing Registration Number ____________ Which has been repaired to my /our satisfaction and I / we admit that the payment of ₹ __________ on account of such repair by Kotak Mahindra 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 ____________.

Policy No. __________________________ Date* __________________________

Claims No. __________________________ Place __________________________ Signature / Thumb Impression of the Insured

Kotak Mahindra General Insurance Company Ltd. (Formerly Kotak Mahindra General Insurance Ltd.)


Office: 8th Floor, Zone IV, Kotak Infiniti, Bldg. 21, Infinity IT Park, Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad (E), Mumbai – 400097. India.

Toll Free: 1800 266 4545 Email: care@kotak.com Website: www.kotakgeneralinsurance.com IRDAI Reg. No. 152.