General Insurance Company Ltd.

 Registered Office: 4th Floor, Park Center Building, 24 Park Street, Kolkata - 700 016 | www.magma-hdi.co.in

 IRDAI REG NO.-149 DATED: 22ND MAY 2012 | CIN NO.- U66000WB2009PLC136327

Motor Insurance Claim Form

To be filled and signed by the owner of the form in block letters and tick (\checkmark) the box requisite documents to the company at the	es where approp					
Policy / Cover Note No.:			Claim No.:			
Vehicle No.: Chassis No.:			Engine No.:			
Date of Registration:	Date of Registration:			Kms:		
		Details Of Insure	d / Claimant			
Name:						
Correspondence Address:						
City:	Pin Code:		State:			
Mobile No.: +91	Residence No.: +91		Office No.: +91			
Email ID.:						
Date of Birth: PAN	l (Mandatory)_		Aadhaar No.: (Mandatory)		
Occupation	Service	Marketing	Non Marketing	Business	Other	
How many vehicle do you have	1	2	>2			
Average Kms run in year	<5000	5000-10000	10000-20000	>20000		
	Lo	oss Details (Details	of the Accident)			
Accident Date: DDMMY Description Of Accident:	YYY	Accident Time:	am/pm Loco	ation:		
Use the box below to show how the accide						
Number of Occupants/Co-passenge	ers at the time	of accident (including	g vehicle driver):			
For what purpose was the vehicle us	ed at the time	of accident? Hire & F	Reward/Commercial	Social/Domestic/Plec	Isure	
	Detai	ls Of Driver At Th	e Time of Accident			
Name:			Age: Co	ontact No.:		
Correspondence Address:						
Relationship with the insured: Owne	r 🗌 Paid dr	river Relative/Fr	riend			
Driving License No.:		License type:	: Permanent 📃 Lea	rner's license:		
Valid upto: D D M M Y Y	Y Y Au	uthorised to drive:		Badge No.:		
		Partial / Total V	ehicle Theft			
Vehicle Stolen Parts Stolen All keys of the vehicle in the posses		n was it noticed: D		Y		
(In case of vehicle theft please report the in						

Commercial Vehicle								
Permit No.: Permit valid upto: DDMMYYYY								
			DDMMY	I I I				
Nature of goods carried: Was a trailer attached? Yes No Load carried								
Details of injury and Police report								
Police report lodged: Yes No If Yes, FIR No.: Police Station:								
Death / Injury to any occupants / Third Party (others): Yes No Third Party Property Damage: Yes No								
If yes, please provide additional details								
Name	Address	Contact Number	Nature of Injury	Details of property damage				
In case of additional names/details to be provided, please use a separate sheet of paper and attach it with this claim form Please provide a copy of any legal/court notice received pertaining to this accident (if any)								
		Witness Details						
Name: Contact No.:								
	Direct F	und Transfer / EFT Mand	ate Form					
I / We hereby authorize Magma HDI General Insurance Company to transfer the claim amount payable under								
Claim No.:, to My/Our Bank Account No.:								
held with (Name of bank), inBranch,								
located at City. The MICR code is and								
the IFSC code is								
Account Type:	Savings Current							
Pls submit Cancelled cheque for Direct Fund Transfer/EFTs								
Declaration by the owner of the vehicle								
I/we the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing 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 make any false or fraudulent statement, or any suppression or concealment of fact, the policy shall be void and all right to recover thereunder, in respect of past, present or further accidents shall be forfeited. I/We agree to provide additional information to the company, if required and understand that the Company reserves the right of verification/investigation of facts and documents relating to the policy and claim.								
Place:								
Date: D D M M Y	YYYYY	Signature / Thumb ir Name:	npression of the Insured					
Where the vehicle is owned by a Partnership or Corporate Body or institution, by an authorised signatory of such partnership or a Corporate Body along with the seal of the concerned organisation.								
	Indicative list of	documents required for						
 Original estimate of repai KYC documents Fitness Certificate** of the Road permits** of the vehi Goods receipt**/ Lorry Re FIR is mandatory in case o Original repair invoice with 	ver at the time of accident , if accident reported to the police irs e vehicle icle	een completed FIR cop RTO tro Form 3 Letter o KYC do NOC fr Origina Non Tro Origina All orig	 Theft of Entire Vehicle Claims FIR copy RTO transfer papers* (Form 28, 29 and 30) and Form 35/NOC signed by financier, if applicable Letter of subrogations KYC documents NOC from financier, if hypothecation exists Copy of Intimation letter to RTO on the vehicle theft Original policy document Non Traceable certificate Original vehicle registration certificate All original keys of the vehicle/service book/original purchase invoice 					
** For commercial vehicles								

Additional documents required by us (if any) will be intimated to you as & when required

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