



THE NEW INDIA ASSURANCE COMPANY LIMITED

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

MOTOR VEHICLE CLAIM FORM

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

Please answer all required questions fully

| | | | | | |
|--|------|---|--|---------------------------------|---------------------------|
| Claim No.: | | Date & Time of Initiation | | | |
| Policy No. / Cover Note No. | | Period of insurance | | | |
| Name of the Insured & Address, e-mail ID & Mobile No. | | Reporting Branch/Divisional Office | | | |
| PIN _____ e-mail ID _____ Mobile No. _____ PAN No. _____ Bank A/c. _____ Particulars _____ | | Office Code _____ Address _____ PIN _____ | | | |
| DETAILS OF ACCIDENT / THEFT | | | | | |
| Date: | | Time: | | | |
| FIR No. & Date | | Charges u/s: | | | |
| In case other Vehicle(s) is/are involved/responsible, specify vehicle No(s): | | Policy details of that Vehicle(s) | | | |
| 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 | | | | | |
| FIR: Specify the reasons for delayed FIR or not lodging an FIR. | | | | | |
| Details of other Insurance Policy, if any: | | | | | |
| Policy No.: | | Period of insurance | | | |
| THE INSURED VEHICLE PARTICULARS | | | | | |
| Regd. No. | Make | Year | Engine No. | Chasis No. | Cubic / Carrying Capacity |
| | | | | | |
| For Private Vehicle: | | | | | |
| Whether Occupant(s) / Pillion - Rider(s) was / Yes / No were carried at the material time of accident? | | | Give name and addresses, contact Tel. No. of passangers/other witnesses if any | | |
| For Commercial Vehicle: | | | | | |
| Regd. Laden Weight: | Kgs. | Unladen Weight: | Kgs. | Weight of Goods Carried | Kgs. |
| Type of Permit: | | Nature of Goods carried | | Person Carried in Goods Vehicle | |
| Whether Public Liability Policy is taken (For dangerous / Hazardous Goods). | | Yes / No | If yes, specify Policy No. & validity period | | |
| No. of Passengers carried in case of PSV at the material time of accident: | | | No. of Passengers permitted under Permit: | | |
| Whether the vehicle attached with Trailer(s)? Yes / No, If Yes, specify No(s): | | | | | |
| Policy / Cover note Nos.: | | Period of insurance | | | |

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

| | | | | |
|---|----------|------|----------------------------------|------|
| Specify No. of Persons Injured / Died : | Injured: | No.: | Death: | No.: |
| Whether any of your Workman sustained injury / death: Yes / No | Injured: | No.: | Death: | No.: |
| Specify the wages paid to the concerned Workman/men: | | | | |
| Specify, the nature of damage to TPPD: | | | Approximate Cost of TPPD damage: | Rs. |

N. B.: Kindly enclose a separate Sheet stating details of name, age, income etc. of the person(s) injured / died.

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

| | | | | | |
|---|------|--|--------------------|--------------------------|----------|
| Name & Address of the Driver | | | | Age: | |
| | | | | | |
| Relationship with Insured: Put 'X' Mark | Self | | Own Paid Driver | Relation / Friend/ Other | |
| Driving Licence No.: | | | Issuing Authority: | | |
| Specify, type(s) of Motor Vehicle(s) 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 any time by the Competent Authority / Court : | | | | | Yes / No |
| If yes, give details: | | | | | |

Has the driver had any previous accidents in the five years, if yes give details:

DETAILS OF DAMAGE TO INSURED VEHICLE:

| | | | |
|---|------------|--|-----|
| When & where the damaged vehicle can be inspected: | | | |
| Nature & Description of the Damage to the insured Vehicle | IDV : Rs.. | Approximate Estimated Cost of repairs: | Rs. |
| | | | |

N. B.: Please enclose the estimated 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 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.

Place:

Date:

***Signature of the Insured**

(* Only the insured can sign this claim form)