

Need to claim?

We won't play the claim game!

Zuno Motor

Claim form

(Issuance of this Form does not imply acceptance of the liability)

All fields in the form are mandatory

- A. The claim form is to be filled in CAPITAL LETTERS & duly signed by the insured.
- B. All facts and statements must be factual, not influenced or biased in any form.
- C. The damaged vehicle must be parked at safe place to avoid any subsequent loss/theft. Company will not be responsible for the same.
- D. Please read carefully, the attached list of documents required to speed up processing of your claim.

Policy No:

Claim No:

Insured details

Insured name:

Address:

City: State: Pin code:

Contact No. 1: Contact No. 2: Mail id:

Vehicle details

Vehicle No: Chassis No:

Engine No: Make: Model:

Registration date:

Details of accident/theft

Date: Time: Place:

No. of occupants excluding driver: Purpose of travel:

Description of accident:

Driver details

Driver name: Mr/Mrs/Miss:

Licence No: Type of vehicle authorised to drive:

Learner licence: Yes No Expiry date: Contact No:

Relationship with insured: Date of birth:

Qualification: Occupation:

