Oth Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606
Email: care@libertyinsurance.in
IRDA registration number: 150 ◆ CIN: U66000MH2010PLC209656



MOTOR INSURANCE CLAIM FORM PRIVATE CAR/TWO WHEELER

ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Important Instructions

- a. Claim Form to be filled in capital letters and signed by the Insured.
- the damaged vehicle must be parked at a safe place to avoid any subsequent loss / theft.
 Please submit the documents as mentioned on the reverse of this form*.
 Please do not leave any column unanswered. Mention "N/A", if not applicable.

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Insurance is the Subject matter of Solicitation.

Liberty General Insurance Limited

10th Floor, Tower A, Peninsula Business Park,
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