

CLAIM FORM – MOTOR INSURANCE

For any queries call 1800 266 3202 or visit www.magmahdi.com
Interact with MIRA on our website or send a 'Hi' on WhatsApp No. 7208976789

Toll Free No. 1800 266 3202

To be filled and signed by the owner of the motor vehicle. Issuance of this form is not to be taken as admission of liability by the insurance company. Please fill this form in block letters and tick (✓) the boxes where appropriate. Please take due care to fill all the columns. Please submit the duly filled claim form along with requisite documents to the company at the time of survey.

Policy / Cover Note No.: _____ Claim Number: _____
 Vehicle No.: _____ Chassis No.: _____ Engine No.: _____
 Date of Registration:

D	D	M	M	Y	Y	Y	Y
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 Kms: _____

DETAILS OF INSURED/CLAIMANT

Name as per Policy: _____
 Address: _____
 City: _____ State: _____ Pin: _____
 Phone: _____ Mobile: _____
 Email ID: _____
 Date of Birth:

D	D	M	M	Y	Y	Y	Y
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 WhatsApp No.: _____
 PAN No.: _____ CKYC No.: _____
 Occupation: Service Marketing Non Marketing Business Other _____
 How many vehicle/s do you have 1 2 >2
 Average Kms run in year 5000 5000-10000 10000-20000 >20000

LOSS DETAILS (DETAILS OF THE ACCIDENT)

Accident Date:

D	D	M	M	Y	Y	Y	Y
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 Accident Time:

H	H
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 :

M	M
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 AM/PM Location: _____
 Description Of Accident: _____

Use the box below to show how the accident took place. Give exact street names, direction of vehicles involved and location of people/objects involved

Number of Occupants/Co-passengers at the time of accident (including vehicle driver): _____
 For what purpose was the vehicle used at the time of accident? Hire & Reward/Commercial Social/Domestic/Pleasure

DETAILS OF DRIVER AT THE TIME OF ACCIDENT

Name _____
 Age _____ yrs Contact Number _____
 Correspondence Address: _____
 City: _____ State: _____ Pin: _____
 Phone: _____ Mobile: _____
 Relationship with the insured: Owner Paid driver Relative/Friend
 Driving License No.: _____ License type: Permanent Learner's license:
 Valid upto:

D	D	M	M	Y	Y	Y	Y
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 Authorised to drive: _____ Badge No.: _____

PARTIAL / TOTAL VEHICLE THEFT

Vehicle Stolen Parts Stolen When was it noticed:

D	D	M	M	Y	Y	Y	Y
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 All keys of the vehicle in the possession of, Name: _____
 (In case of vehicle theft please report the incident to the police authorities immediately)
 Contact No: _____

COMMERCIAL VEHICLE

Permit No.: _____ Permit valid upto:

D	D	M	M	Y	Y	Y	Y
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 Fitness No.: _____ Fitness valid upto:

D	D	M	M	Y	Y	Y	Y
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 LR/GR No.: _____ Issue date:

D	D	M	M	Y	Y	Y	Y
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 Nature of goods carried: _____
 Was a trailer attached? Yes No Load carried

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 kgs

