## Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113

CIN: U66010PN2000PLC015329 | For more details, log on to: www.bajajallianz.com or

Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)



#### **MOTOR INSURANCE CLAIM FORM**

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

### 1. Important Instructions

- a) Claim form is to be filled and signed by the Insured (Registered Owner) of the vehicle. Please do not leave any column unanswered.

c) The o	damaged vehicle r se read carefully th	nust be p	arkec	l at sa	fe plac	e to	avoid	any s	subs	eque	ent d	ama	ige/l	oss.	Baja	j Alli	anz (			nsura	ance	Com	npar	y Ltc	["C	omp	oany	/"] wi	ll no	t be r	esp	onsil	ole f	or the	e sam	ne		
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2. <b>I</b> /We	e have received a consible for any d nentioned above.	lelay in sc	rutir	ny and	d proc	essi	ng/se	ttlem	nent	t of c	laim	ı du	e to	clair	man	t's n	on-f	ulfil	men	t of ı	requ	irem	nent	s inc	ľudi	ng i	non	-sub	miss	ion c	of th	ne re	quir	ed d	ocun			

- My providing this claim form through electronic communication or through online website/interface with/to your Company shall be sufficient submission of claim form by me/us and my such submission of claim does not require my physical signature as I have verified this electronic claim form through one time password from my mobile number/through email ID and hence I shall not insist or raise any issue/object for your Company not taking/producing any physical claim form of me. My signing of the discharge voucher/submitting discharge voucher through electronic mode/SMS confirmation, may be construed as my acceptance of the claim amount in full and final settlement of the claim.
- 4. I/We agree to provide additional information/documents to the Company, if required at the discretion of your company.

Name:	Date   D   D   M   M   Y   Y   Y   Y

# **List of Documents required for claim settlement** (To be submitted to the nearby Bajaj Allianz Office)

Fo	r Accident Claim		
	Duly filled and singed claim form.		
	Proof of insurance - Policy / Covernote copy		
	Copy of Registration Book, Tax Receipt [Please furnish original for verification]		
	Copy of Motor Driving Licence [with original] of the person driving the vehicle at the material time		
	Estimate for repairs from the repairer where the vehicle is to be repaired		
	Police Panchanama/FIR ( In case of Third Party property damage /Death / Body Injury)		
	Repair Bills and payment receipts after the job is completed		
	AML / KYC documents as per guidelines.		
	Claims Discharge Cum Satisfaction Voucher signed across a Revenue Stamp [format attached below]		
	Additional documents in case commercial vehicle		
	Permit, Fitness and Load Challan ([with original] in case of Commercial Vehicle)		
Fo	r Theft Claim		
	Duly filled and singed claim form.		
	Original Policy document		
	Original Registration Book / Certificate, Permit, Fitness Certificate, TaxCertificate & Load Challan.		
	Police Panchnama / FIR		
	Final Investigation Report from the magistrate's court under section 173 Cr. P C / Non Traceable Report.		
	All the sets of Keys / Service Booklet / Warranty Card / Original purchase invoice		
	Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE" of vehicle		
	Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank		
	Letter of Undertaking, Subrogation & Discharge Voucher		
	Consent towards agreed claim settlement value from yourself and Financier.		
	NOC from the Financer if claim is to be settled in your favour.		
	Additional document in specific claims shall be intimated separately.		
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	Bajaj Allianz General Insurance Company Limited  CLAIM DISCHARGE CUM SATISFACTION VOUCHER		
im No	D.:		
	from BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED the sum of Rs		
	FULL & FINAL SETTLEMENT OF CLAIM under Policy Number in respect of damage to / l		
	on on I am fully satisfied with the Full & Final settlement with respect to m	ny claim.	
		Revenue	
	Signature of Insured	Stamp	

Phone Number / Address of Issuance office (Seal)