## CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered and Head Office: Dare House, 2nd Floor, No.2, N.S.C. Bose Road, Chennai - 600 001.



# **MOTOR INSURANCE CLAIM FORM**

(The issuance of this form does not imply admission of liability)

Policy/Cover Note No: Claim No:							
Polic	cy Period From To Region						
	Mr. Mrs. Ms. Dr. Others						
	First Name   Middle Name   Last Name   Name   Last Name   Last Name   Last Name   Last Name   Last Name   Last Name   Name   Last Name   Nam						
siis	Date of Birth DDMMYYYYY Gender Male Female Marital Status Single Married Others						
Deta	Occupation Salaried Self-Employed Others Aadhar No :						
Personal Details	Mobile No. +91						
Pe	Tel (O) +91						
	Email ID						
9	Door /Flat No : Building No / Name : Door /Flat No :						
Correspondence Address	Street Name : Landmark : Landmark :						
responde Address	Sub Area/Village:						
Cor	City :						
	Door /Flat No : Building No / Name : Door /Flat No :						
Permanent Address	Street Name : Landmark : Landmark :						
Perm	Sub Area/Village:						
	City :         Pin :         State :						
Vehi	cle Details						
Regr	n No: Date of Regn:						
~	ine No: Make:						
	ssis No:						
	No & Validity: Permit No & Validity: Permit No & Validity:						
	No and Date: Mileage: Mileage: Interest if any:						
LOSS	Details (Please do not dismantle the vehicle till is is subject to a detailed survey)						
Date	e of Loss: Time of Loss: AM/PM						
Plac	e of Loss: State:						
	No of Person travelling in the vehicle: Occupants Fare paying Passengers:						
	what purpose was the vehicle being used at the time of Accident:						
	ure and Weight of the Goods Carried(for Goods Carrying Vehicles):						
	Travelling from: To:						
Any Third Party was involved in the Accident:							
	Was the Accident/Theft Reported to Police: Yes / No						
	Name of the Police Station: CR Dairy No:  Description of the Accident/Theft:						
	Description of the Accidenty Met.						

## Claim on Add on Covers under Chola Protect

S. No.	Name of the Item	Madal/Saria	No/DL Number (Issuing Authori	cy) Values in Rs.			
5. NO.	Name of the item	Wiodel/Seria	NO/DE Number (Issuing Authorn	values in Rs.			
Garage Name:		Phone:					
Estimated Loss:		Date & time of vehic	o left to Garage:				
		Date & time of verific	e left to darage.				
Driver Details							
Name of the Dri	ver:		Date of Birth	and Age:   DD   MM   YYYY			
Driving License No:			Date of Issue				
_	n of the Issuing Authority:		Date of Expi				
		Motor Cycle / I MV(NT) /	HTV / 3W(TV) / HGV / MGV / LMV				
Whether the Dri		nid Driver / Relative / Frie		.,,,,,,,,,,,			
injury to Thir	d Party/Occupants/Drive		T				
Name	Ad	dress	Nature of Injury Rh No	Whether Third Party/Occupant/Driver			
Details of Third Pa	arty Damage:						
Other Insuran	ce Details:						
	er insurance policy indemnifying	·		Yes / No			
If yes, Policy No		Name of t	ne Company/Office:				
I/We hereby declare that the above particulars are true and correct in each and every aspect. I agree to provide any further information/documents/assistance that may be required for processing my/our claims. In case of any information furnished by me/representative is found incorrect, we agree to accept the decision of company on admissibility of the claim.							
Date:							
Place:							
				Signature of the Insured with Seal			
				under Claim No,			
				bank in and the IFSC Code is			
1	dl		5	and the IFSC Code is			
		_					
Date:							
Place:				Signature of the Insured with Seal			
Documents Encl	osed (For Office Use Only)						
Claim Form	Submitted Verified		Permit	Submitted Verified			
RC Copy	Submitted Verified		Tripsheet/Load Challan	Submitted Verified			
DL Copy	Submitted Verified		Policy Copy	Submitted Verified			
FIR	Submitted Verified		FC	Submitted Verified			
Repair Estimate	Submitted verified		Invoice	Submitted Verified			

Discharge Voucher	Please return this receipt duly stamped and signed to enable the company to make payment			
Received a sum of Rs	towards full and final settlement of the claim no	The liability has been explained to me.		
Rs		Affix Re.1/- Revenue Stamp		
Witness		Signature of the Repairer with Seal		

# --<del>%</del>----<del>%</del>----<del>%</del>----

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### List of Documents required for claim settlement

(To be submitted to the nearby Cholamandalam MS office / Surveyor / Repairer)

#### Claim for accidental damages:

- 1. Proof of insurance Policy / Covernote copy
- 2. Copy of Registration Book, Tax Receipt [Please furnish original for verification]
- 3. Copy of Motor Driving Licence [with original] of the person driving the vehicle at the material time
- 4. Police Panchanama/FIR (In case of Third Party property damage /Death / Body Injury/Major Loss Claims)
- 5. Estimate for repairs from the garage where the vehicle is to be repaired
- 6. Repair Bills and payment receipts after the job is completed
- 7. Cancelled chq leaf for NEFT transfer
- 8. Please sign the attached discharge voucher after confirmation of the final claim amount.

For assistance Please Call us at our Toll Free No: 1 800 200 55 44

#### Satisfaction Voucher

Please return this receipt duly stamped and signed to enable the company to make payment

"We hereby confirm that Veh.No has been repaired to my satisfaction and herby fully discharge Cholamandalam General Insurance Company Ltd., all laibilities under this claim. I / We also agree to pay my share of loss, if any, directly to the repairer where cashless has been availed."							
	Affix Re.1/-						
Rs	Revenue Stamp						
Witness							
	Signature of the Claimant With seal if it is company name)						



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#### Claim for accidental damages:

- 1. Original Policy document
- 2. Original Registration Book/Certificate and Tax Payment Receipt
- 3. Previous insurance details Policy No, insuring Office/Company, period of insurance
- 4. All the sets of keys/Service Booklet/Warranty Card
- 5. Police Panchanama/ FIR and Final Investigation Report
- 6. Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON-USE"
- 7. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank
- 8. Letter of Subrogation
- 9. Consent towards agreed claim settlement value from you and Financer
- 10. NOC of the Financer if claim is to be settled in your favour
- 11. Blank and undated "Vakalatnama"
- 12. Cancelled Chq leaf for NEFT
- 13. Please sign the attached discharge voucher after compensation of the final claim amount.

Additional documents in specific claims shall be intimated separately.