

Claim Form for Motor Vehicle

Claim form to be filled in CAPITAL LETTERS and signed by owner (Issuance of this form is not to be taken as an admission of liability.)

INFORMATION ABOUT INSURED

Policy No.: _____ Claim No.: _____

Name: _____

Correspondence Address _____

City: _____ Pincode: _____

Mobile No.: _____ Email ID: _____

PAN: _____ Aadhaar: _____ CKYC No.: _____

INFORMATION ABOUT INSURED VEHICLE

Registration No.: _____ Chassis No.: _____

Hypothecation / Vehicle Loan Yes No

DETAILS ABOUT THE DRIVER (At the material time of accident)

Name: _____

Driver is Owner Paid driver Relative / Friend Contact No.: _____

Driving License Number: _____

DETAILS OF ACCIDENT / THEFT

Date: _____ Time: _____ : _____ am / pm Location: _____

City: _____ State: _____ Number of persons travelling: _____

Give brief description of the accident _____

Was any third party responsible / liable for the accident / theft? Yes No

If yes, please provide a copy of FIR Details (FIR number) _____

Do you wish to provide any other information? Yes No If yes, you may please attach a separate sheet.

Please enclose legible copies of the following documents, duly attested by the insured:

Registration certificate Driving license (of the driver) FIR if lodged Fire Brigade Report if lodged Cancelled cheque

Incase of commercial vehicle submit the following additional documents:

Permit Fitness certificate LR/GR Road Tax Receipt

Note: In case we need additional documents, we will intimate you as and when required. Original documents should be produced for verification. Seal will be required for company-owned vehicles.

I/We hereby agree, affirm and declare that :

1. The statements/information given/stated by me, us in this claim form are true, corrected and complete.
2. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (for the same/similar claim) has made or lodged with any other insurance company.
3. No material information, which is relevant to the processing of the claim, which in any manner has a bearing on the claim, has been withheld or not disclosed.
4. If I/We have given/made any false or fraudulent statement /information, or suppressed or concealed or in any manner failed to disclose all information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.
5. The receipt of this claim form / other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.
6. I/We will not take input credit of the service tax paid by Acko General Insurance Ltd. in settlement of this motor insurance claim.

Place: _____

Date: _____

Signature / Thumb Impression of the Insured

ACKO GENERAL INSURANCE LTD.

F Wing, 3rd Floor, Lotus Corporate Park, Off Western Express Highway, Goregaon (E), Mumbai – 400063

GSTIN: 27AAOCA9055C1ZJ | CIN : U66000MH2016PLC287385 | IRDAI Reg No. 157

UIN: IRDAN157P0001V01201718, IRDAN157P0002V01201718, IRDAN157P0003V01201718,

IRDAN157P0004V01201718, IRDAN157P0005V01201718, IRDAN157P0007V01201718

SATISFACTION NOTE

(where payment is being made to the repairer)

Claim No.: _____ Vehicle No.: _____

Policy No.: _____

I am happy and satisfied with the repair work carried out by M/s. _____ against said claim number. Hence, I request you to pay the claim liability amount of INR _____ as full and final settlement to the repairer and discharge Acko General Insurance Limited of all further liabilities arising out of this claim.

Date: _____

Name and Signature of Insured / Claimant
(Seal and signature in case Insured is a firm)

DISCHARGE VOUCHER

Claim No.: _____ Vehicle No.: _____

I/We hereby acknowledge having received a sum of INR _____, from Acko General Insurance Ltd. towards full and final settlement of my/our claim under the Policy No. _____. Hence, I discharge Acko General Insurance Limited of all further liabilities arising out of the said claim.

Date: _____

Name and Signature of Insured / Claimant
(Seal and signature in case Insured is a firm)