MOTOR CLAIM FORM

*Edelweiss | GENERAL INSURANCE

(Issuance of this form does not imply acceptance of the liability)

All fields in the form are mandatory

- a. The claim form is to be filled in CAPITAL LETTERS & duly signed by the insured.
- b. All facts and statements must be factual, not influenced or biased in any form.
- c. The damaged vehicle must be parked at safe place to avoid any subsequent loss/theft. Company will not be responsible for the same.
- d. Please read carefully the attached list of documents required to speed up processing of your claim.

Policy Number:		Cla	aim Number:	:		
Insured Details						
Insured Name: Address:						
City: State:	Pin	Code:		Contact No. 1:		
Contact No. 2:		ıil ID:				
Vehicle Details						
Vehicle No:	Chassis No:					
Engine No:		Make:	Mode	el:Regist	ration Date: DDMMYYYYY	
Details of Accident/Theft						
Date: D D M M Y Y Y Y Time: H H : M M Place: No. of occupants excluding driver:						
Purpose of Travel: Description of Accident:						
Bank details for NEFT payment (PIs attach a cancelled cheque)						
Bank Name: IFSC Code :						
Account Number:						
Additional Details for Commercial Vehicl	es					
Permit No:	ermit No:					
Fitness no:	Valid up to: D D M M Y Y Y Y Load Challan Weight:					
Third Party Death/Injury/Personal Accident Details						
Name of Person	Whether TP/ Passenger	Contact Number	Inji	ury/Death	Details of Any Legal/Court Notice Received.	
Declaration						
I/WE hereby declare that the details given above are true		and knowledge. In event abo	ove information or	any part thereof is found incorre	ect, I agree that all rights under the policy will be forfeited.	
I/We also agree to provide additional information to the company, if required. Date: D D M M Y Y Y Y						
Place:						
Place:					Signature of Insured:	
Place: Documents required for Accidental claims		Do	ocuments requi	ired for Theft Claims	Signature of Insured:	
Documents required for Accidental claims 1. Claim Form Duly signed by Insured		1. (Claim Form Duly s	signed by Insured	Signature of Insured:	
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