



Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

MOTOR INSURANCE CLAIM FORM

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

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Policy No.: _____

Claim No. : _____

A. INSURED

Name	_____
Address line 1	_____
Address line 2	_____
City	_____ State _____ Pin Code _____
Phone No.	_____ Mobile No. _____ Email _____
Business/Occupation	_____ Period of Insurance From ____/____/____ To ____/____/____

B. DETAILS OF ACCIDENT/ LOSS

Date of Loss ____/____/____	Time ____:____ AM / PM
ACCIDENT LOCATION	
Address line 1	_____
Address line 2	_____
City	_____ State _____ Pin Code _____
Phone No.	_____ Mobile No. _____ Email _____
Describe cause of Loss/Damage _____	

(Show the accident using the sketch diagram on page 3 of the form)	
Estimated Loss (Rs.) _____	

WITNESS DETAILS	INFORMATION TO AUTHORITY
Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have any authority been informed about <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", specify	Accident / Loss? If "Yes", specify
Name of the witness _____	Name of the Authority _____
Address line 1 _____	Contact Person _____
Address line 2 _____	Authority reference no. _____
City _____	Address line 1 _____
State _____	Address line 2 _____
Pin Code _____	City _____ State _____
Phone No. _____	Pin Code _____ Phone No. _____
Mobile No. _____	Mobile No. _____ Email _____
Email _____	

C. VEHICLE DETAILS

Reg. No. _____	Make _____ Model _____
Chassis No. _____	Engine No. _____
Date of Reg. ____/____/____	Date of Transfer ____/____/____
Type of Fuel _____	Color of the Vehicle _____
Vehicle Class <input type="checkbox"/> Private car <input type="checkbox"/> Two Wheeler <input type="checkbox"/> Commercial Vehicle	

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the vehicle? If "No", specify details		<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of the Insured interest _____		
Person/s who has interest on property _____		
His nature of interest _____		
Address line 1 _____		
Address line 2 _____		
City	State	Pin Code
Phone No.	Mobile No.	Email

E. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Insurer _____		
Address line 1 _____		
Address line 2 _____		
City	State	Pin Code
Phone No.	Mobile No.	Email
Policy No.	Period of Insurance From	To

F. DRIVER DETAILS

Name of the Driver _____		
Relation with Insured _____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address line 1 _____	Date of Birth	____ / ____ / ____
Address line 2 _____	Phone No.	_____
City _____	Mobile No.	_____
State _____	Pin Code	_____
Driving License No. _____	Issuing RTO	_____
License Validity From	To	____ / ____ / ____
Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Class	<input type="checkbox"/> M-Cycle (W/G) <input type="checkbox"/> M-Cycle (Wo/G) <input type="checkbox"/> LMV <input type="checkbox"/> Transport <input type="checkbox"/> Non - Transport <input type="checkbox"/> HGV <input type="checkbox"/> Passenger <input type="checkbox"/> Goods	

G. ACCIDENT / THEFT DETAILS

Speed :	_____ Kms./Hr.
Type of Loss :	<input type="checkbox"/> Own Damage <input type="checkbox"/> Theft <input type="checkbox"/> Partial Theft <input type="checkbox"/> Third party Injury
	<input type="checkbox"/> Third Party Property Damage <input type="checkbox"/> Personal Accident <input type="checkbox"/> Third party Death
Purpose for which vehicle was being used at the time of Accident /Theft	_____
No. of people traveling / weight of goods carried at the time of accident	_____
In case of theft, keys lying with?	_____ Contact No. _____

H. GARAGE DETAILS

Name of the Garage _____	
Name of the Contact person _____	
Address line 1 _____	
Address line 2 _____	
City	State
Phone No.	Mobile No.
	Pin Code
	Email

I. THIRD PARTY INJURY / PERSONAL ACCIDENT DETAILS

Sr. No.	Name of Injured Person	Whether TP/Passenger	Address	Contact No.	Type of Injury	Name of the Hosp. where Admitted	Doctor Attending	Any Legal / Court Notice Received

J. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?

If "Yes", specify

☐ Yes ☐ No

Sketch diagram of accident

DECLARATION

1. I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/We have made, or in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover thereunder in respect of past or future loss/accidents shall be forfeited.
2. I/We have received a list of documents with this claim Form and have understood the entire requirement to be fulfilled for administration of this claim and the Company shall not be held responsible for any delay in settlement of claim due to non-fulfillment of requirements including the documents as mentioned in the claim form.
3. I/We agree to provide additional information to the Company, if required.

Place:

Signature:

Date:

Name of Insured:

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT	
(To be submitted to the nearest USGI Office)	
For Accident / Theft Claims	Additional documents for Theft Claims
<ol style="list-style-type: none">1. Proof of insurance - Policy / Cover note copy2. Copy of Registration Book, Tax Receipt [Please furnish original for verification]3. Copy of Motor Driving License [with original] of the person driving the vehicle at the time of accident4. Police Panchanama /FIR (In case of Third Party property damage /Death / Body Injury)5. Estimate for repairs from the repairer where the vehicle is to be repaired6. Repair Bills and payment receipts after the job is completed	<ol style="list-style-type: none">1. Original Policy document2. Original Registration Book/Certificate and Tax Payment Receipt3. All the sets of keys/Service Booklet/Warranty Card/Original Purchase Invoice.4. Police Panchanama/ FIR and Final Investigation Report/Untrace Report.5. Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON-USE"6. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank7. Letter of Subrogation8. Consent towards agreed claim settlement value from you and Financer9. NOC of the Financer if claim is to be settled in your favour.
*Additional documents required by us if any, will be intimated to you as and when required.	

DISCHARGE VOUCHER

Claim No. _____

I/We hereby acknowledge having received sum of Rs. _____ from _____

Universal Sompco General Insurance Company Ltd. towards full and final settlement of my/our claim upon the said company under

Policy No _____ in respect of the damage caused to my/our

vehicle No _____ in an accident that occurred on ____/____/____ (DD/MM/YYYY).

Place:

Signature:

Date:

Name of Insured: