



General Insurance Company Ltd.

Registered Office: 4th Floor, Park Center Building, 24 Park Street, Kolkata - 700 016 | www.magma-hdi.co.in
IRDAI REG NO.-149 DATED: 22ND MAY 2012 | CIN NO.- U66000WB2009PLC136327

Toll Free No. 1800 266 3202

Motor Insurance Claim Form

To be filled and signed by the owner of the motor vehicle. Issuance of this form is not to be taken as admission of liability by the insurance company. Please fill this form in block letters and tick (✓) the boxes where appropriate. Please take due care to fill all the columns. Please submit the duly filled claim form along with requisite documents to the company at the time of survey.

Policy / Cover Note No.: Claim No.:

Vehicle No.: Chassis No.: Engine No.:

Date of Registration: Kms:

Details Of Insured / Claimant

Name:

Correspondence Address:

City: Pin Code: State:

Mobile No.: +91 Residence No.: +91 Office No.: +91

Email ID.:

Date of Birth: PAN (Mandatory) Aadhaar No.: (Mandatory)

Occupation [] Service [] Marketing [] Non Marketing [] Business [] Other

How many vehicle do you have [] 1 [] 2 [] >2

Average Kms run in year [] <5000 [] 5000-10000 [] 10000-20000 [] >20000

Loss Details (Details of the Accident)

Accident Date: [D][D][M][M][Y][Y][Y][Y] Accident Time: am/pm Location:

Description Of Accident:

Use the box below to show how the accident took place. Give exact street names, direction of vehicles involved and location of people/objects involved

Large empty box for accident description.

Number of Occupants/Co-passengers at the time of accident (including vehicle driver):

For what purpose was the vehicle used at the time of accident? Hire & Reward/Commercial [] Social/Domestic/Pleasure []

Details Of Driver At The Time of Accident

Name: Age: [][] Contact No.:

Correspondence Address:

Relationship with the insured: Owner [] Paid driver [] Relative/Friend []

Driving License No.: License type: Permanent [] Learner's license: []

Valid upto: [D][D][M][M][Y][Y][Y][Y] Authorised to drive: Badge No.:

Partial / Total Vehicle Theft

Vehicle Stolen [] Parts Stolen [] When was it noticed: [D][D][M][M][Y][Y][Y][Y]

All keys of the vehicle in the possession of, Name: ; Contact No:

(In case of vehicle theft please report the incident to the police authorities immediately)

