

## Motor Claim Form

(Issuance of this form does not imply acceptance of the liability) All fields in the form are mandatory

### Personal Details of Claimant (Owner) To be filled in BLOCK LETTERS

Policy No. \_\_\_\_\_ Cover Note No. \_\_\_\_\_  
 Policy Period From         To          
 Full Name Mr./Mrs./Ms. \_\_\_\_\_  
 Address for Communication \_\_\_\_\_  
 Flat Building \_\_\_\_\_  
 Road/Street/Sector \_\_\_\_\_  
 Nearest Landmark \_\_\_\_\_ Area \_\_\_\_\_  
 Taluka/Village/District/City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_  
 Change of the contact Details  Yes, I wish to change my contact details  There is no change in my contact details  
 Please update mentioned mobile number as primary contact details against my policy. I also hereby confirm to be contacted on the number provided above for Claim Status /Policy Renewal.  
 Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 WhatsApp No. \_\_\_\_\_ Alternate Mobile No. \_\_\_\_\_  
 Email ID \_\_\_\_\_ D.O.B          
 Aadhaar (UIDAI) No.:           PAN No.: \_\_\_\_\_  
 Insured Profession:  Private Service  Self Employed  Politician  Retired  Student  Government Service  House Wife  
 Monthly Income  Upto ₹ 20,000  ₹ 20,001 to ₹ 50,000  ₹ 50,001 to ₹ 1,00,000  ₹ 1,00,001 and above  
 Any claims made in last two insurance policies  Yes  No If yes, please specify \_\_\_\_\_

### Vehicle Details

Registration No. \_\_\_\_\_ Date of Registration          
 Date of Purchase of Vehicle         Expiry of Temp. Reg (If applicable)          
 Chassis No. \_\_\_\_\_ Engine No. \_\_\_\_\_  
 Make \_\_\_\_\_ Model \_\_\_\_\_  
 Class of Vehicle  Pvt  Two Wheeler  Commercial  
 Financiers  Yes  No If yes, Name of Financier \_\_\_\_\_  
 Vehicle fitted with LPG/ CNG  Yes  No Vehicle fitted with Anti theft device  Yes  No

### Details of accident

Date         Time     am/pm Vehicle Speed: \_\_\_\_\_  
 Place of accident \_\_\_\_\_ Odometer reading \_\_\_\_\_  
 Police FIR No. / GD Entry (Lodged if any) \_\_\_\_\_ Name of Police Station \_\_\_\_\_  
 Name of Garage \_\_\_\_\_  
 Estimate of Loss \_\_\_\_\_ Garage Ph. No. \_\_\_\_\_  
 No. of persons traveling at the time of accident excluding driver \_\_\_\_\_  
 Description of the accident (Please attach a separate sheet if needed) \_\_\_\_\_

For what purpose was the vehicle being used at the time of accident?  Personal  For Hire of Passenger  Carriage of Goods  
 Vehicle was plying from \_\_\_\_\_ to \_\_\_\_\_  
 Was any third party involve in the accident  Yes  No If Yes, Vehicle No. and details \_\_\_\_\_

Diagram of location of accident, position of your vehicle, direction in which you vehicle was moving. Street name, nearest landmark/shop/building

Kindly shade the damaged portion

Right Side		
Front	Top Under Body	Rear
Left Side		

Sample Layout

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**Driver at time of accident**

Name \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Gender: Male / Female

Date of Birth  d d | m m | y y y y  Licence No. \_\_\_\_\_

Licensing Authority \_\_\_\_\_ Valid upto  d d | m m | y y y y

Type of Vehicle authorised to Drive:  HGV  Transport  LMV  Motor Cycle  Scooter Without Gear

Is the Driver:  Owner  Paid Driver  Any Other Person, please specify \_\_\_\_\_

Was the driver under the influence of alcohol:  Yes  No Type of Licence:  Permanent  Learner

Driver involve in any other accident in last two years  Yes  No If yes, please provide details \_\_\_\_\_

**Details required only for Commercial Vehicle**

Nature of load carried at time of accident \_\_\_\_\_ G. R. Date and No. \_\_\_\_\_

No. of passengers carried at time of accident \_\_\_\_\_ Permit No. \_\_\_\_\_

Permit valid upto \_\_\_\_\_ Permit Issuance Date \_\_\_\_\_

Fitness valid upto \_\_\_\_\_

**If there is a third party property damage or injury**

Type of T. P. Loss	Injury / Death / Property damage	Status of victim	Passenger / Driver / Third person

**Additional information required for theft claim**

Place of theft \_\_\_\_\_ Time noticed \_\_\_\_\_ Date of Theft  d d | m m | y y y y

Police Station \_\_\_\_\_ FIR No. \_\_\_\_\_

Date of FIR  d d | m m | y y y y

By whom it was first noticed and when: \_\_\_\_\_ Time  h h | m m  am/pm

Witnesses Name & Address \_\_\_\_\_ Witness Contact No. \_\_\_\_\_

Details of person in whose possession the vehicle was at the time of theft \_\_\_\_\_

Relationship \_\_\_\_\_ Purpose \_\_\_\_\_

**Add On's**

Do you wish to opt a claim for add on cover if opted under the policy  Yes  No

Nil Depreciation  Consumable expenses  Engine Protector  Return to Invoice  Total Cover  Others \_\_\_\_\_

Please specify \_\_\_\_\_

Details of any other insurance covering this vehicle (Name of Insurance Company) \_\_\_\_\_

Policy No. \_\_\_\_\_ Period of insurance \_\_\_\_\_

**Bank Details for NEFT payment (For Reimbursement Claims)**

Name of the Bank Account Holder  Mr.  Mrs.  Ms.  F I R S T | M I D D L E | L A S T

Bank Account No.: \_\_\_\_\_ Account:  Saving  Current

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) \_\_\_\_\_

IFSC Code (11 character code appearing on your cheque leaf) \_\_\_\_\_

I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.\*

\*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars

**Aadhaar based payment ( For Reimbursement claims)**

Aadhaar Card No.: \_\_\_\_\_ (Note: **Self attested** Aadhaar card copy to be submitted)

I wish to collect claim reimbursement directly in my Bank account linked with my aforementioned Aadhaar Card. I understand that the claim amount shall be credited directly in my latest Bank account linked with my Aadhaar Card.

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited. I have received and read the Claim Procedure of the insurer attached to this Claim Form and retained it with me/us. I agree to provide additional information to the Company if required. I will indemnify and hold harmless the Company due to any loss arising out of misstatement in this form.

Place \_\_\_\_\_ Date  d d | m m | y y y y  Signature of the Insured \_\_\_\_\_

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IRDAI Registration No.103. Reliance General Insurance Company Limited. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number U66603MH2000PLC128300. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/MOT-02/CLM-FM/Ver.1.3/071221.

## Claim Procedure: Step-by-Step Guide for Claims

### Registration of Claim

Claim has to be intimated with our Call Centre at 1800 3009 (toll free)

Intimate the claim to the insurance company immediately. Delay in intimation would tantamount to a violation of policy condition.

### First Step

- ▶ Please provide your mobile no. for sending SMS about your claim status from time to time.
- ▶ If there has been any injury to any passengers or a head on collision resulting in major damages or vehicle not in a motorable condition due to accident please report the matter to Police and seek a spot survey immediately before shifting the vehicle from the accident spot.
- ▶ Please rush the injured to the hospital.
- ▶ You can seek the help of our Call Centre Executives in identifying a cashless network garage\* close to the location of loss.
- ▶ Decide on the repairer and inform us immediately once the vehicle is left at the garage.
- ▶ Please try to produce the vehicle for inspection as early as possible as the policy does not pay for consequential/aggravated damages on account of delay.
- ▶ Submit all documents listed on time for a speedier claim settlement.\*\*
- ▶ Keep original documents ready for verification by our loss assessor.
- ▶ Produce the vehicle for re-inspection after repairs if the loss is above Rs.20,000. Submit bills and cash receipt within 10 days from the date of repair.
- ▶ To pay the difference bill amount over and above the liability of the insurance company before taking delivery of the vehicle from our cashless network garage, which can be on account of depreciation, salvage, excess, consumables etc.
- ▶ We suggest you to opt for a NEFT (electronic fund transfer to your bank account directly) or Aadhaar based payment for a hassle free claim settlement, if you have not chosen to repair at our cashless network garage.
- ▶ In case of a loss due to riots inform police immediately.
- ▶ If loss is on account of fire, intimate fire brigade immediately and try to minimise loss.
- ▶ In case of a theft claim, report the loss immediately to the insurance company and also the police. Informing insurers immediately helps us co-ordinate with the police for tracing of the vehicle through the investigator.
- ▶ To co-operate with the investigator in a theft claim and provide necessary information sought by him.
- ▶ If you would like to lodge a claim under the personal accident cover of the policy for death or permanent total disablement or loss of limbs or eyes\*\*\* do intimate the call centre executive of the same.

\*Conditions apply

\*\*Claim amount shall be subject to the policy terms and conditions and there shall be deduction for depreciation, excess, salvage etc. as laid down in the policy **terms**.

Please go through the policy document

\*\*\*Please refer Section III of the policy document

### Documents to be kept ready at the time of registration of a claim

- ▶ Policy Copy
- ▶ Registration Book
- ▶ Driving License

You may have to inform the insurer of the following at the time of intimation of a claim:

- ▶ How the accident took place
- ▶ The damages suffered by the vehicle
- ▶ Location of the accident
- ▶ Location, where the vehicle is available for inspection
- ▶ Injuries to passengers/driver/third parties if any
- ▶ Name and particulars of driver who was driving the vehicle at the time of accident

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### Vehicle repair satisfaction voucher (For Cashless Settlement)

Claim No. \_\_\_\_\_

I/ We hereby acknowledge having received from \_\_\_\_\_ **Name of the garage** \_\_\_\_\_ garage my/our \_\_\_\_\_ **Make & Model** \_\_\_\_\_ vehicle bearing Registration Number **Registration No.** \_\_\_\_\_ Which has been repaired to my/our satisfaction and I/we admit that the payment of ₹ \_\_\_\_\_ on account of such repair by Reliance General Insurance Company Limited to the above garage is in full discharge of my/our claim upon the said company under Policy No. \_\_\_\_\_ in respect of the damage caused to the above mentioned vehicle in an accident which occurred on \_\_\_\_\_

Place \_\_\_\_\_

Signature of the Insured: \_\_\_\_\_

Date | d | d | m | m | y | y | y | y |

Name of Insured: \_\_\_\_\_

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## Documents required for processing of a claim

General Documents applicable for all type of losses		Own Damage	Theft of vehicle	Personal Accident Claim
OWN DAMAGE	Claim Form filled-up completely & duly signed*	✓	✓	✓
	Policy Copy	✓	✓	✓
	RC with RTO Tax Receipt**	✓	✓	✗
	Driving Licence Copy**	✓	✗	✗
	Original Estimate of Repair	✓	✗	✗
	Original Repair Invoice and payment receipt	✓	✗	✗
	FIR Copy (in case of major loss and theft)	✓	✓	✗
	Fire Brigade report for fire loss	✓	✗	✗
	Cancelled Cheque for fund transfer or Self attested Aadhaar Card Copy (if opted)	✓	✓	✓
	KYC document for high value claim	✓	✓	✓
	Bank details for the payment for EMI protector	✓	✗	✗
	Loan documents for EMI payment for EMI protector	✓	✗	✗
	Auto Loan Account No.	✓	✗	✗
	Purchase Invoice Copy	✓	✗	✗
	Vehicle Fitness Certificate Copy***	✓	✓	✗
	Vehicle Permit and Authorisation Copy***	✓	✓	✗
Load Challan for goods vehicle***	✓	✗	✗	
Passenger list for passenger carrying vehicle***	✓	✗	✗	
Additional documents for Theft of vehicle	Non Traceable report	✗	✓	✗
	All Original Keys	✗	✓	✗
	Letter of subrogation and indemnity	✗	✓	✗
	Loan account statement from the Financier	✗	✓	✗
	NOC from the Financier (if hypothecated)	✗	✓	✗
	Form 35 duly signed	✗	✓	✗
	Form 28, 29 and 30 duly signed	✗	✓	✗
	Letter to RTO intimating them of the theft	✗	✓	✗
Hospital Certificate/documents	✗	✗	✓	
Personal Accident Claim	Death Certificate	✗	✗	✓
	Post Mortem Certificate	✗	✗	✓
	Legal Heir Certificate/Will/Proof of nomination	✗	✗	✓
	Affidavit on non judicial stamp paper	✗	✗	✓
	Certificate of disablement in case of a permanent partial disability	✗	✗	✓

\*Stamp required in case of company

\*\*Original document to be produced for verification of the driver at the time of accident

\*\*\*Applicable for commercial vehicles only

In case if necessary, additional documents may be require for processing of a claim

## Track your claim status

You can always track your claim status -

- u On our website - [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in), in the 'Claims' section
- or
- u Through the Automated Interactive Voice Recorder System at our Call Centre or speak to our Call Centre Executives at **1800 3009** (toll free)
- or
- u SMS claimstatus<space><claim number> at **9266334477** to get the claim status

## Registered & Corporate Office Address

IRDAI Registration No. 103.

**Reliance General Insurance Company Limited. Registered & Corporate Office:** 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063.

For any assistance call **1800 3009** (Toll Free) **(022) 4890 3009** (Paid)

## Claim Discharge Voucher (For Reimbursement Claims)

In consideration of approval of my /our claim, I /we hereby accept from Reliance General Insurance Company Limited the sum of ₹ \_\_\_\_\_ Rupees (amount in words) \_\_\_\_\_ in full and final settlement of my/our claim.

I / we hereby voluntarily give discharge receipt to the company in full and final settlement of all my / our claims present or future arising directly indirectly in respect of the said loss/accident. I /we hereby also subrogate all my/our rights and remedies to the company in respect of the loss/damage.

Claim No : \_\_\_\_\_ Signature of Insured: \_\_\_\_\_  
 Policy No : \_\_\_\_\_ Name of Insured: \_\_\_\_\_  
 Date of loss : | d | d | m | m | y | y | y | y | Date: | d | d | m | m | y | y | y | y |

Note:

- ▶ In case of firm/company owned vehicles stamp & sign of authorized signatory is required.
- ▶ Issuance of this voucher is not to be taken as admission of liability.