

## Vehicle Insurance Claim Form

**For claim intimation please call on our Toll Free Number 18002664545**

### GUIDELINES FOR COMPLETION OF THE FORM

1. Claim form is to be filled in BOLD AND BLACK INK; filled & signed by the Insured. Fields marked \* are MANDATORY
2. Please do not leave any column unanswered
3. Please provide complete information in respect to all details sought under this claim and ensure that all details are completed truthfully and accurately
4. All facts and statements must be factual not influenced or biased in any form.
5. Please read carefully the attached list of documents required to speed up processing of your claim.
6. The issue of this form is not to be taken as an admission of the Company's liability

### TYPE OF LOSS

Loss Type\*  Own Damage  Third Party  Personal Accident

### INSURED DETAIL'S

Policy / Cover Note No.\*  Claim No.

Name\*

First Name Middle Name Last Name

Permanent Address\*

Address (Line 1)

Address (Line 2)

City / District  State  Pin Code  Country

Mobile\*  Email\*

### INSURED VEHICLE DETAILS

Date of Registration\*  Registration Number\*  Engine Number\*

Chassis Number\*  Make of Vehicle\*  Model\*

Odometer Reading  Kms.

### DETAILS ABOUT THE DRIVER / RIDER (at the time of accident)\*

Name\*

First Name Middle Name Last Name

Gender\*  Male  Female  Other Date of Birth\*

Driving license number\*  License Issuing authority\*

License Date of expiry\*  License for type of vehicle\*

Was the license temporary?  Yes  No Relation with Insured

If paid driver, how long has he been in your employment?  yrs.

Was he under the influence of intoxicating liquor or drugs?  Yes  No

Details of endorsements, suspension if any

**DETAILS OF ACCIDENT**Date  Time  A.M/ P.M Speed of Vehicle  Km/h No. of Occupants / Pillion rider Exact Location of Accident (Address / Spot of Accident with landmark)   
Give brief description of the accident  
  
  
Was accident reported to Police  Yes  No If not, reasons   
If yes furnish the details: Name of the Police station  FIR No. / CR Dairy Number **FOR COMMERCIAL VEHICLE**Permit valid upto  Load carried at time of Accident  Fitness Valid upto **DETAILS OF GARAGE**Garage Name  Garage Phone Number Garage Contact Person and Address   
**OCCUPANT / PASSENGER / THIRD PARTY INJURY DETAILS**

Sr. No.	Name	Address	Phone No.	Capacity	Nature of Injury
1.					
2.					
3.					
4.					
5.					
6.					

**PARTIAL / TOTAL THEFT**Brief description of third party property damage (include other vehicle involved)   
  
Date  Time  A.M/ P.M Place of Theft Circumstances relating to theft  Items stolen (for partial theft) Estimated cost of replacement (for partial theft claims) ₹ By whom discovered and reported Has theft been reported to Police  Yes  No If yes, provide the details When (date & Time)   A.M/ P.M Name of the Police station FIR No. / CR Diary Number  Name of attending inspector **CONSENT FOR FUND TRANSFER FOR CLAIM PAYMENT (for reimbursement claims)**

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and or claims directly to your bank accounts. Please select any one of the below options as applicable.

 Bank details as per premium cheque to be used for electronic fund transfer. Cancelled Cheque submitted of other bank.**Particulars of bank account:** Bank NameAccount Number  IFSC / MICR Code Account Holder Name **Disclaimer:** Kotak Mahindra General Insurance Company Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete.

**DECLARATION**

I/We hereby declare that the statements made by me / us in this Claim Form are true to the best of my / our knowledge and belief.

Date\*

Place

Signature / Thumb Impression of the Insured

**DOCUMENTS REQUIRED****For Accident Claims**

- Claim Form Duly Signed\*
- R. C. \*\*Copy of the Vehicle
- Driving License Copy\*\*
- Policy Copy - (First 2 Pages only)
- FIR Copy
- Estimate of Repairs
- Original Repair Invoice, Payment Receipt
- Letter of Indemnity and Subrogation\*
- Documents as required by AML Guide Line
- KYC

**For Commercial Vehicle:**

- Certificate of Fitness
- Copy of Permit

**For Theft Claims**

- Claim Form Duly Signed\*
- R. C. \*\*Copy of the Vehicle
- Driving License Copy\*\*
- Policy Copy - (First 2 Pages only)
- FIR Copy, Untrace Report, Dumping Yard Certificate
- NOC from Finance Company (If Hypothecated)
- Letter of Indemnity and Subrogation\*
- Documents as required by AML Guide Line
- KYC
- Previous Insurance Details
- Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON - USE"
- Form 28, 29 , 30 signed by the insured and form 35 signed by the financier, as the case maybe undated and blank
- Consent towards agreed claim settlement value from you and financier
- Blank and Undated "Vakalatnama"

**For Third Party Claims**

- Claim Form Duly Signed\*
- R. C. \*\*Copy of the Vehicle
- Driving License Copy\*\*
- Policy Copy - (First 2 Pages only)
- FIR Copy
- MACT / Legal Notice
- Documents as required by AML

**For Personal Accident Claims**

- Claim Form Duly Signed\*
- R. C. \*\*Copy of the Vehicle
- Driving License Copy\*\*
- Policy Copy - (First 2 Pages only)
- FIR Copy / Panchnama / Policy inquest report duly attested by police station
- Copy of Medico Legal Certificate duly attested by the concerned Hospital
- Documents as required by AML Guide Line
- KYC

**For Accidental Death Claim:**

- Original Death Certificate
- Death Summary issued by Hospital
- Post Mortem Report (if conducted)
- Identity proof of Nominee or Original Succession Certificate / Original Legal Heir Certificate

**For Disablement Claim:**

- Treating Medical Practitioner's certificate describing the disablement; \*\*
- Discharge summary from the Hospital \*\*
- Photograph of the Insured Person reflecting the disablement
- Prescriptions and consultation papers of the treatment;
- Disability certificate issued by treating Medical Practitioner.
- Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable

\*Stamp required in case of company \*\*Original Documents to be produced for verification.

Claim No.

**VEHICLE REPAIR SATISFACTION VOUCHER** (for cashless settlement)

I / We hereby acknowledge having received from \_\_\_\_\_ garage my / our vehicle \_\_\_\_\_ Make & Model \_\_\_\_\_ bearing Registration Number \_\_\_\_\_ Which has been repaired to my/our satisfaction and I / we admit that the payment of ₹ \_\_\_\_\_ on account of such repair by Kotak Mahindra 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 \_\_\_\_\_.

Date\* Place 

Signature / Thumb Impression of the Insured

**Claim Discharge voucher (#)** (for reimbursement claims)Claims No. Date of Loss 

I / We hereby acknowledge having received from \_\_\_\_\_ garage my / our vehicle \_\_\_\_\_ Make & Model \_\_\_\_\_ bearing Registration Number \_\_\_\_\_ Which has been repaired to my/our satisfaction and I / we admit that the payment of ₹ \_\_\_\_\_ on account of such repair by Kotak Mahindra 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 \_\_\_\_\_.

Policy No. Date\* 

Signature / Thumb Impression of the Insured

(#)**Claim Discharge Voucher is applicable only if required.**

Kotak Two Wheeler Secure UIN: IRDAN152RP0010V01201516; Liability only (Private Car) UIN: IRDAN152RP0001V01201516; Liability Only (Two Wheeler) UIN: IRDAN152RP0002V01201516; Liability Only (GCV) UIN: IRDAN152RP0003V01201516; Liability Only (PCV) UIN: IRDAN152RP0004V01201516; Liability Only (Misc D) UIN: IRDAN152RP0005V01201516; Kotak Corporate Vehicle Secure UIN: IRDAN152RP0001V01201617; Kotak Long Term Two Wheeler Secure - Liability Only UIN: KMG-MT-P17-41-V01-16-17; Kotak Car Secure UIN: IRDAN152RP0006V02201516; Kotak Commercial Vehicle Secure (Misc D) UIN: IRDAN152RP0007V02201516; Kotak Commercial Vehicle Secure (Goods Carrying Vehicle) UIN: IRDAN152RP0008V02201516; Kotak Commercial Vehicle Secure (Passenger Carrying Vehicle) UIN: IRDAN152RP0009V02201516; Kotak Long Term Two Wheeler Secure UIN: IRDAN152RP0008V02201617; Liability Only (Private Car) - 3 years UIN: IRDAN152RP0006V02201819; Kotak Long Term Two Wheeler Secure (Liability Only) - 5 years UIN: IRDAN152RP0007V02201819; Kotak Car Secure - Bundled UIN: IRDAN152RP0010V02201819; Kotak Long Term Two Wheeler Secure - Bundled UIN: IRDAN152RP0011V02201819; Kotak Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies UIN: IRDAN152RP0038V03201819; Kotak Car Secure - OD Only UIN: IRDAN152RP0012V01201920; Kotak Two Wheeler Protect - OD Only UIN: IRDAN152RP0013V01201920

**Kotak Mahindra General Insurance Company Ltd.**CIN: U66000MH2014PLC260291. **Registered Office:** 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai – 400051. Maharashtra, India.**Office:** 8th Floor, Zone IV, Kotak Infinity, Bldg. 21, Infinity IT Park, Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad (E), Mumbai – 400097. India.

Toll Free: 1800 266 4545; Email: care@kotak.com; Website: www.kotakgeneral.com; IRDAI Reg. No. 152.