

THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd. & Head Office , New India Building, 87, Mahatma Gandhi Road, Fort, Mumbai - 400 001

MOTOR VEHICLE CLAIM FORM

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

Please answer all required questions fully

Claim No.:		Date & Time of Initiation			
Policy No. / Cover Note No.		Period of insurance			
Name of the Insured & Address, e-mail ID & Mobile No.		Reporting Branch/Divisional Office			
		Office Code _____			
		Address _____			
PIN _____ e-mail ID _____					
Mobile No. _____ PAN No. _____					
Bank A/c. Particulars _____		PIN _____			
DETAILS OF ACCIDENT / THEFT					
Date:		Time:		Place:	
FIR No. & Date		Charges u/s:		Police Station:	
In case other Vehicle(s) is/are involved/responsible, specify vehicle No(s).:			Policy details of that Vehicle(s)		
Name of the Complainant, who lodged the FIR:					
For what purpose was the vehicle being used at the material time?					
Brief particulars of the accident					
FIR: Specify the reasons for delayed FIR or not lodging an FIR.					
Details of other Insurance Policy, if any:					
Policy No.:		Period of insurance			
THE INSURED VEHICLE PARTICULARS					
Regd. No.	Make	Year	Engine No.	Chasis No.	Cubic / Carrying Capacity
For Private Vehicle:					
Whether Occupant(s) / Pillion - Rider(s) was / were carried at the material time of accident?		Yes / No	Give name and addresses, contact Tel. No. of passangers/other witnesses if any		
For Commercial Vehicle:					
Regd. Laden Weight:	Kgs.	Unladen Weight:	Kgs.	Weight of Goods Carried	Kgs.
Type of Permit:		Nature of Goods carried		Person Carried in Goods Vehicle	
Whether Public Liability Policy is taken (For dangerous / Hazardous Goods).		Yes / No	If yes, specify Policy No. & validity period		
No. of Passengers carried in case of PSV at the material time of accident:			No. of Passengers permitted under Permit:		
Whether the vehicle attached with Trailer(s)? Yes / No, If Yes, specify No(s).:					
Policy / Cover note Nos.:		Period of insurance			

DETAILS OF INJURY / DEATH TO THIRD PARTY / EMPLOYEES / DAMAGE TO THIRD PARTY PROPERTY ETC.:					
Specify No. of Persons Injured / Died :	Injured:	No.:	Death:	No.:	
Whether any of your Workman sustained injury / death: Yes / No	Injured:	No.:	Death:	No.:	
Specify the wages paid to the concerned Workman/men:					
Specify, the nature of damage to TPPD:			Approximate Cost of TPPD damage:	Rs.	
N. B.: Kindly enclose a separate Sheet stating details of name, age, income etc. of the person(s) injured / died.					
DETAILS OF THE DRIVER ON THE WHEEL, AT THE MATERIAL TIME OF ACCIDENT:					
Name & Address of the Driver				Age:	
Relationship with Insured: Put 'X' Mark	Self		Own Paid Driver		Relation / Friend/ Other
Driving Licence No.:			Issuing Authority:		
Specify, type(s) of Motor Vehicle(s) Authorised to drive:			Date of expiry:		
Specify, Original issuing Authority and subsequent renewing Authorities in chronological order:	1		2		
	3		4		
Whether the Driving Licence is / was suspended any time by the Competent Authority / Court :					Yes / No
If yes, give details:					
Has the driver had any previous accidents in the five years, if yes give details:					
DETAILS OF DAMAGE TO INSURED VEHICLE:					
When & where the damaged vehicle can be inspected:					
Nature & Description of the Damage to the insured Vehicle		IDV : Rs..	Approximate Estimated Cost of repairs:	Rs.	
N. B.: Please enclose the estimated Cost of repairs of the insured vehicle					
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 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 of fact, the policy shall be void and all right to recover thereunder, in respect of past, present or further accidents shall be forfeited.					
Place:					
Date:		*Signature of the Insured			
(* Only the insured can sign this claim form)					