Raheja QBE General
Insurance Company Limited

1800-102-7723 (Toll Free)
claims@rahejaqbe.com
www.rahejaqbe.com

Motor Insurance - Claim Form

Important Note

Issuance of this form is not to be taken as an admission of liability. As soon as Loss or Damage has become known we should be notified without delay. If any details are unavailable, they may be sent later after submission of this form. Please fill this form in Block Letters and Tick the Boxes where appropriate and do not leave any column unanswered.

Policy Number: Period of Insurance: Claim Number:

Vehicle Number: Chassis Number: Engine Number:

Class of Vehicle (Private/Commercial/Two wheeler):

1 Details of insured

Insured/Claimant Name

Address

City Pin code State

Contact Nos. Mobile No. Office (STD code)

Residence (STD code) E-mail ID

2 Loss details

Accident occurred on D D M M Y Y Y Y at Hrs. Place of Accident

Short Description of Accident

Please make a sketch overleaf to describe how accident occurred

3 Details of driver at the time of accident

Name

Age Sex: Male Female Occupation

Driving License No. Valid up to D D M M Y Y Y Y

Authorized to drive Issuing Authority Mobile No. :

Badge No. Is Driver: Owner Paid Driver Relative / Friend

No of Occupants:

4 Details of injury and police report

Police Report lodged Yes No

If yes FIR No. P.S.

Death / Injury to any occupant / Third Party (others) Yes No Third Party Property Damage Yes No

Attach additional details in case of death and/or injury to Third Party / Occupants / Driver or damage to property.

5 Additional details in case of commercial vehicles

Permit No. Valid upto D D M M Y Y Y Y Fitness Valid upto D D M M Y Y Y Y

LR/GR No. Number of Passengers carried

Nature of Goods carried

7. Other Insurance

Details of other insurance Policies indemnifying the Insured in respect of this accident :

Do you wish to provide any other Yes No

If yes, Details (if required you may please attach a separate sheet):

Please enclose legible copies of the following documents, duly attested by the insured:

1. Registration Certificate 2. Driving License (of the driver) 3. FIR if lodged 4. Fire Brigade Report if lodged.

In Case of Commercial Vehicle submit the following additional documents: 1. Permit 2. Fitness Certificate 3. LR / GR

6 Direct Fund Transfer/EFT Mandate Form. Please enclose a cancelled Cheque leaf along with the Claim Form

Bank Name: _____ **Branch Name & Code:** _____ **City:** _____

State: _____ **IFSC Code:** _____ **MICR code** _____

Payee Account No.: _____ **Name of Payee:** _____

UPI address _____

7 Declaration

I/We agree to provide additional information to the Company if required. I/we do hereby, to the best of my/ our knowledge & belief, warrant the truth of the foregoing statement in every respect, and if I/We have made any declaration in respect of this accident which is found to be false, or have suppressed any material information, the policy shall be void and all rights to recover thereunder in respect of past or future accident shall be forfeited.

Data Privacy Notice:

I/We hereby provide consent to the Company for collecting/retaining any information relating to Me/Us including Sensitive Personal Information ("hereinafter cumulatively referred to as "INFORMATION"), that is either available with the Company or disclosed by Me/Us while obtaining the policy of Insurance from the company or otherwise. I/We further understand that the Company may use the INFORMATION for servicing the Insurance policy obtained by Me/Us and for same may share the INFORMATION with any reinsurer, insurance association, medical authorities, other Insurers, statutory authorities, court, governmental body, regulator etc., or with services provider(s) engaged by the Company for servicing the Insurance policy, underwriting the risk, settlement of claim etc. without obtaining our specific consent for such sharing and we hereby provide our consent to Company for same.

I/We understand that whenever I/We would like to update/correct the INFORMATION, we will intimate the Company for the same, so as to enable the Company to amend/correct the INFORMATION accordingly. Further in the event I/We would like to withdraw My/Our consent provided herein, I/We would intimate the Company of the same in writing and also understand that, in the event of such withdrawal by Me/Us, the Company reserves the right to not provide Me/Us the Services for which it has sought the INFORMATION.

Date: _____ Place: _____

Insurance is the subject matter of solicitation.

Signature of Insured

Registered office address: RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED (IRDA Reg. No. 141)
Windsor House, 5th Floor, CST Road Kalina, Santacruz (East), Mumbai - 400 098, India
Tel: +91 22 4231 3888 Fax: +91 22 4231 3777 Website: www.rahejaqbe.com Email: info@rahejaqbe.com CIN: U66030MH20007PLC173129. For more details on risk factors, terms and conditions, please read the sales brochure before concluding the sale.

LIST OF DOCUMENTS TO BE SUBMITTED FOR CLAIM SETTLEMENT

For Accident/Theft Claims	Additional documents for Theft Claims
1. Proof of insurance - Policy / Cover note copy 2. Copy of Registration Book, Tax Receipt [Please furnish original for verification] 3. Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification) 4. 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 repaired 6. Repair Bills/Invoices and payment receipts after the job is completed	1. Original Policy document 2. Original Registration Book/Certificate and Tax Payment Receipt 3. All the sets of keys/Service Booklet/Warranty Card/Original Purchase Invoice. 4. Police Panchanama/ FIR and Final Investigation Report/Non Traceable Report. 5. Acknowledged copy of letter addressed to RTO intimating theft and informing "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 blank 7. Letter of Subrogation 8. Consent towards agreed claim settlement value from yourself and Financer 9. NOC from 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 a sum of Rs. _____/- Rupees (_____) from Raheja QBE 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/Claimant_____