

Claim Form





SMS		
'LTI' to	5607058	(56070 LT)

UIDELINES TO FILL THE FORM Please fill the form in BLOCK LETTERS. All details with* are mandatory. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please	my:asset Private Car Package Policy					
mark that question as not applicable "N/A". Kindly contact the Company's Office or Agent for any doubts or clarifications on the claim form.	my:asset Two Wheelers Package Policy					
laim No:	my:jeevika					
eriod of Insurance: D D M M Y Y Y Y Y To D D M M Y Y Y Y	Commercial & Miscellaneous Vehicles Package Policy					
olicy No/Cover Note No:	,					
OLICY HOLDER INFORMATION (Please enter details of the Insured)						
itle* (Pls. Tick): Ms. Mrs. Mrs.						
lame*: F R S T M D D L E	LAST					
Forrespondence Address						
lock/Flat No.*: Floor No.: Building Name*:						
treet Name*: Locality:						
andmark*:						
ity/Village*: Pincode*:						
ost Office:						
Nobile No.*: Landline*: S T D						
ax No.:						
mail ID 1*:						
mail ID 2:						
ANK DETAILS (Required for Electronic Fund Transfer)						
ank Name:						
ranch: Location: Location:						
ccount No: Account Type:						
AICR Code: IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII						
EHICLE INFORMATION (Please provide identification details of your vehicle)						
egistration No.: Make*:						
Nodel: Registration Date: D D M M Y	YYYY					
ngine No: Chassis No: Chassis No:						
inanciers:						
PETAILS OF ACCIDENT						
nate: D D M M Y Y Y Y Time: H H : M M Place:						
lame of Police Station:						
lame of Garage: (Vehicle dismantling & repair should not start befo	re assessment of loss by assessor)					

Estimate of Loss: Rs.	Garage Phone N	lo:										
No. of persons travelling in the vehicle at the time of accident:												
Please narrate the accident (please attach additional sheet/s if required):												
For what purpose was the vehicle being used at the time of accident:												
DRIVER DETAILS												
Name of Driver: FIIRSTT	MIIDDLLE						L /	AS) T			
Date of Birth:	ty:			License	No:							
License Valid Upto: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	uthorized to Drive:											
Is the Driver (please tick): Owner Paid Driver Any ot	her person (please specify)											
DETAILS REQUIRED FOR COMMERCIAL VEHICLES												
Registered load carrying capacity:	Load carried at the	e time of Accid	ent:									
G R Date and No:	G R Issued by:											
Authorized Passenger Capacity:	No. of Passengers	at the time of	accident:									
Permit No.: Permit Issuing Au	thority:											
Permit Valid up to:	Area):											
Permit Issuance Date: D D M M M Y Y Y Y Y	ss Granting Authority:											
Date of Last Fitness Exam: $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	ss Valid Up to:	MIMIYIY	YYY									
IF THERE IS A THIRD PARTY (TP) DAMAGE OR INJURY												
Type of TP Loss Injury/Death/Property Dama	ge Status	Status of Victim					Passenger/Driver/Third Person					
INFORMATION REQUIRED FOR THEFT BURGLARY CLAIMS	,		. (7	· _	. D . I	4 . 14		V				
Place of Theft: Time Notice	ed:] Da	te of The	t: [D	DIN	I IVI	T	1	Y Y			
Police Station: FIR No:												
DETAILS OF ANY OTHER INSURANCE COVERING THIS VEHICLE												
Name of Insurance Company:			<u> </u>			4 14						
•	of Insurance: D D M	IVI Y Y	YYY	o D	DIN	I IVI	_ Y	Y	YYY			
DECLARATION												
I/We hereby declare that the details given above are true and correct to the is found incorrect, I/We agree that all rights under the policy shall forfeit.	best of my/our belief and k	knowledge. In t	he event	above i	nformati	on or	any pa	art the	ereof			
I/We authorize L&T General Insurance Company Limited to share my/our of relating to me / us, with their affiliate/group companies and also for common services of L&T General Insurance Company Limited and its affiliate group of the company Limited and Limited Accordance and Limited Accordan	unicating any promotional_i											
Place:												
Date:					Signatur	e of I	nsured					