



# Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

## MOTOR INSURANCE CLAIM FORM

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

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Policy No.: \_\_\_\_\_

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

### A. INSURED

Name	_____
Address line 1	_____
Address line 2	_____
City	_____ State _____ Pin Code _____
Phone No.	_____ Mobile No. _____ Email _____
Business/Occupation	_____ Period of Insurance From ___/___/___ To ___/___/___

### B. DETAILS OF ACCIDENT/ LOSS

Date of Loss	___/___/___	Time	___:___ AM / PM
<b>ACCIDENT LOCATION</b>			
Address line 1	_____		
Address line 2	_____		
City	_____ State _____ Pin Code _____		
Phone No.	_____ Mobile No. _____ Email _____		
Describe cause of Loss/Damage	_____ _____		
<i>(Show the accident using the sketch diagram on page 3 of the form)</i>			
Estimated Loss (Rs.)	_____		

#### WITNESS DETAILS

#### INFORMATION TO AUTHORITY

Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify	Have any authority been informed about <input type="checkbox"/> Yes <input type="checkbox"/> No Accident / Loss? If "Yes", specify
Name of the witness _____	Name of the Authority _____
Address line 1 _____	Contact Person _____
Address line 2 _____	Authority reference no. _____
City _____	Address line 1 _____
State _____	Address line 2 _____
Pin Code _____	City _____ State _____
Phone No. _____	Pin Code _____ Phone No. _____
Mobile No. _____	Mobile No. _____ Email _____
Email _____	

### C. VEHICLE DETAILS

Reg. No. _____	Make _____	Model _____
Chassis No. _____	Engine No. _____	
Date of Reg. ___/___/___	Date of Transfer ___/___/___	
Type of Fuel _____	Color of the Vehicle _____	
Vehicle Class <input type="checkbox"/> Private car <input type="checkbox"/> Two Wheeler <input type="checkbox"/> Commercial Vehicle		

#### D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the vehicle? If "No", specify details  Yes  No

Nature of the Insured interest \_\_\_\_\_

Person/s who has interest on property \_\_\_\_\_

His nature of interest \_\_\_\_\_

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

#### E. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details  Yes  No

Name of the Insurer \_\_\_\_\_

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

Policy No. \_\_\_\_\_ Period of Insurance From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

#### F. DRIVER DETAILS

Name of the Driver \_\_\_\_\_

Relation with Insured \_\_\_\_\_ Gender  Male  Female

Address line 1 \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address line 2 \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ Mobile No. \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_

Driving License No. \_\_\_\_\_ Issuing RTO \_\_\_\_\_

License Validity From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Type  Permanent  Temporary

Class  M-Cycle (W/G)  M-Cycle (Wo/G)  LMV  Transport  Non - Transport  HGV  Passenger  Goods

#### G. ACCIDENT / THEFT DETAILS

Speed : \_\_\_\_\_ Kms./Hr.

Type of Loss :  Own Damage  Theft  Partial Theft  Third party Injury

Third Party Property Damage  Personal Accident  Third party Death

Purpose for which vehicle was being used at the time of Accident /Theft \_\_\_\_\_

No. of people traveling / weight of goods carried at the time of accident \_\_\_\_\_

In case of theft, keys lying with? \_\_\_\_\_ Contact No. \_\_\_\_\_

#### H. GARAGE DETAILS

Name of the Garage \_\_\_\_\_

Name of the Contact person \_\_\_\_\_

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

**I. THIRD PARTY INJURY / PERSONAL ACCIDENT DETAILS**

Sr. No.	Name of Injured Person	Whether TP/Passenger	Address	Contact No.	Type of Injury	Name of the Hosp. where Admitted	Doctor Attending	Any Legal / Court Notice Received

**J. DETAILS OF OTHER INFORMATION**

Do you wish to provide any other information?

If "Yes", specify

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No

**Sketch diagram of accident**

**DECLARATION**

- 1. 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 agree that if 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, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover thereunder in respect of past or future loss/accidents shall be forfeited.
- 2. I/We have received a list of documents with this claim Form and have understood the entire requirement to be fulfilled for administration of this claim and the Company shall not be held responsible for any delay in settlement of claim due to non-fulfillment of requirements including the documents as mentioned in the claim form.
- 3. I/We agree to provide additional information to the Company, if required.

Place:

**Signature:**

Date:

**Name of Insured:**

<b>LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT</b>	
( To be submitted to the nearest USGI Office)	
<b>For Accident / Theft Claims</b>	<b>Additional documents for Theft Claims</b>
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 [with original] of the person driving the vehicle at the time of accident 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 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/Untrace Report. 5. Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "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 you and Financer 9. NOC of 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.	

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**DISCHARGE VOUCHER**

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

I/We hereby acknowledge having received sum of Rs. \_\_\_\_\_ from \_\_\_\_\_  
 Universal Sompo 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:**