

- a. The claim form is to be duly filled and signed by the insured.
- b. All facts and statements must be factual not influenced or biased in any favour.
- c. The damaged vehicle shall not be left unattended without proper precaution being taken to prevent further damage.

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|
| Policy Number | | | | | | | | Vehicle Number | | | | | | | | | Claim Number | | | | | | | | |
|---------------|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|

[illegible]

*Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in above mentioned policy.

[illegible]

Date & Time of Accident

D

D

M

M

Y

Y

Y

Y

H

H

S

S

am/pm

Place of Accident

Types of Loss: ☐ Own Damage ☐ Theft ☐ *Third Party

Short Description of Accident

Police Report Details, if any _____

[illegible]

| | | | |
|---|-------|--------------------------|-------|
| No. of Passengers carried at the time of Accident | _____ | G R Number & Date | _____ |
| Permit No. | _____ | Permit Issuing Authority | _____ |
| Permit Valid up to | _____ | Permit valid for (Area) | _____ |
| Fitness Granting Authority | _____ | Fitness valid up to | _____ |

| Name of Third Party/Occupants/Driver/Property | Contact No | Type of Injury/Property Damage | Name of the Hospital where admitted | Any Legal/Court Notice Received |
|---|------------|--------------------------------|-------------------------------------|---------------------------------|
| | | | | |
| | | | | |

☐ Copy of Policy/Cover Note
 ☐ Copy of RC Book
 ☐ Copy of Driving License
 ☐ Estimate of Repairs
 ☐ Copy of Fitness Certificate
 ☐ Copy of Permit
☐ Copy of FIR
☐ G. R. Form

DECLARATION:

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be forfeited. I/We also agree to provide additional information to the company, if required.

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Insured Signature

List of Documents Required

- ▶ Claim Intimation
- ▶ Policy Copy
- ▶ Claim form
- ▶ Copy of RC book
- ▶ Copy of Driving License
- ▶ Estimate
- ▶ Photos
- ▶ Survey Report
- ▶ Survey Fees Bills
- ▶ Supplementary Report / Re-inspection report
- ▶ Final repair invoice and receipt / Satisfaction voucher for cashless payment

Addition Documents For Commercial Vehicle

- ▶ Fitness Certificate
- ▶ Copy of FIR
- ▶ Permit
- ▶ Load Challan

Theft Claims

- ▶ Claim Intimation
- ▶ Original Policy
- ▶ Claim form
- ▶ Original Registration certificate
- ▶ FIR
- ▶ Original set of keys
- ▶ Original Sales invoice & Tax receipt
- ▶ Intimation to RTO (to inform RTO that the vehicle is stolen and not to transfer)
- ▶ Final Report
- ▶ Transfer papers
- ▶ Indemnity Bond
- ▶ Subrogation letter

NEFT Payment

- ▶ Cancelled Cheque for NEFT Payment

AML Documents - for claims above One Lakh Rupees

- ▶ Photo Identity Proof
- ▶ Passport size photo – (Individual) – Mandatory
- ▶ Pan card - Mandatory
- ▶ Passport / Driving License / voters ID Card
- ▶ Proof of Address – (last six month)
- ▶ Telephone Bill / Electricity Bill / Bank Statement / Ration Card
- ▶ Memorandum of understanding / Registration of Company –
- ▶ Regd. Company / firm / establishment)

The list given is indicative in nature. Further additional documents may be called for depending on the nature of the claim.



Future Generali India Insurance Company Limited (IRDAI Regn. No. 132), (CIN: U66030MH2006PLC165287)

Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in | Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Società Per Azioni and used by Future Generali India Insurance Co Ltd. under license.