

Need to claim?

We won't play the claim game!

Zuno Motor

Claim form

(Issuance of this Form does not imply acceptance of the liability)

All fields in the form are mandatory

- A. The claim form is to be filled in CAPITAL LETTERS & duly signed by the insured.
- B. All facts and statements must be factual, not influenced or biased in any form.
- C. The damaged vehicle must be parked at safe place to avoid any subsequent loss/theft. Company will not be responsible for the same.
- D. Please read carefully, the attached list of documents required to speed up processing of your claim.

Policy No:

Claim No:

Insured details

Insured name:

Address:

City: State: Pin code:

Contact No. 1: Contact No. 2: Mail id:

Vehicle details

Vehicle No: Chassis No:

Engine No: Make: Model:

Registration date:

Details of accident/theft

Date: Time: Place:

No. of occupants excluding driver: Purpose of travel:

Description of accident:

Driver details

Driver name: Mr/Mrs/Miss:

Licence No: Type of vehicle authorised to drive:

Learner licence: Yes ☐ No ☐ Expiry date: Contact No:

Relationship with insured: Date of birth:

Qualification: Occupation:

Discharge cum satisfaction voucher (Motor claim)

Claim No:

Vehicle No:

I/We hereby taking delivery of the vehicle from _____ which has been repaired to my/our complete satisfaction and I/we authorise our insurer Zuno General Insurance Limited to make the payment of ₹. _____ to the workshop towards full & final settlement of the above claim. I/we are fully satisfied with the full & final settlement of my/our claim on the policy number _____ and herewith discharge the insurer from all liabilities arising out of this claim.

I/we hereby also subrogate all my/our rights and remedies to the company in respect of the above loss/damage.

Date:

Place:

Signature of the insured