

MOTOR INSURANCE CLAIM FORM



**Universal Sampo
General Insurance**

Suraksha, Hamesha Aapke Saath



Registered and Corporate Office : 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City,
Off Western Express Highway, Goregaon East, Mumbai 400063. Email : contactus@universalsampo.com

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.

Important Instructions:

- The claim form is to be filled and signed by the Insured (Registered Owner) of the vehicle. Please do not leave any column unanswered.
- All facts and statements must be factual and not concocted, false, influenced or biased in any form.
- The damaged vehicle must be parked at safe place to avoid any subsequent damage/loss.

In case the vehicle is parked at an unsafe place, the Company will not be responsible for any subsequent damage loss'

1. POLICY DETAILS

Claim No : _____ Policy No: _____
Estimated loss : Rs. _____ Class of Vehicle: ☐ Pvt Car ☐ Two Wheeler ☐ Commercial _____
Registration No / Vehicle No: _____ Engine No : _____
Chasis No : _____ Date of first Registration : DD/MM/YYYY _____
Date of Transfer (If Applicable) : DD/MM/YYYY _____ Name of Financier (if any): _____

2. INSURED DETAILS

a. Insured/Claimant Name: _____ b. Email: _____
c. Address: _____
City: _____ Pin: _____ State: _____ Mob: _____
d. PAN: _____ e. CKYC No: _____
f. Occupation / Profession: _____

3. DETAILS OF THE DRIVER AT THE TIME OF ACCIDENT

a. Name as per Govt. record/Driving license: _____ Age: _____ Occupation: _____
b. Driver is: ☐ Owner ☐ Paid Driver ☐ Relative/Friend. Gender: _____
c. Driving License No. _____ Badge no : _____
d. Address _____ Pin Code _____
e. Did the driver undergo a breath or blood test ☐ Yes ☐ No.
If yes, please state the results- _____

4. GARAGE DETAILS

a. Name of Garage reported: _____
b. Address of Garage : _____
c. Garage Contact Numbers: _____

5. IN CASE OF COMMERCIAL VEHICLE SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS

a. Permit validity upto: _____ b. Fitness validity upto : _____
c. Load carried at the time of accident: _____ d. No. of passengers carried at the time of accident: _____
e. Lorry Receipt (LR)/Goods Receipt (GR): _____ f. Road Tax Receipt: _____

Please enclose self-signed copies of route permit and fitness certificate.

6. ACCIDENT DETAILS

a. Time & Date of Accident / Occurrence DD/MM/YYYY _____ b. Time: _____ am / pm.
c. Place of Accident (location City and State): _____
d. Purpose for which vehicle was being used: _____
e. Kilometer of the Vehicle at the time of accident _____
(Mandatory for Covers: Pay Less to Drive Less / Drive Less to Pay less)
Please enclose self signed copies of Registration Certificate & Driving License
f. Type of Loss: ☐ Own Damage ☐ Theft ☐ Third Party Bodily Injury ☐ Death ☐ Property Damage
Date ____/____/____ Time- ____ am / pm Place: _____
g. Purpose for which vehicle was being used at the time of accident:
☐ Personal ☐ Official ☐ Business ☐ Hire ☐ Carriage of Goods Any other _____
h. Police FIR no. (if any) and Police Station Address: _____ FIR Date: _____
i. Fire Brigade Location: (in case of fire): _____
(please provide copies of Police FIR and Fire Brigade Report, if available)
j. Was there any damage to your vehicle prior to this loss/damage : ☐ Yes ☐ No
If yes, please provide details: _____
k. Approx. speed at the Time of Loss: _____ l. Number of people travelling in the insured Vehicle at the Time of loss: _____

7. PLEASE INDICATE ON THE DIAGRAM BELOW, THE AREA OF DAMAGE TO YOUR VEHICLE

Paste picture (LUML FORM)

Front Rear

If your vehicle was damaged in a collision, please draw a diagram of the incident and enclose the same with the claim form

Detailed Description of Accident/Incidence

(attach separate sheet, if necessary)

8. DETAILS OF DEATH/INJURY/PROPERTY DAMAGE TO THIRD PARTIES/OCCUPANTS/DRIVER

Sr No	Name of Driver/Passenger /Third Party Person/Third Party Property	Address (Village/Town)	Contact No.	Nature – Death /Injury / Property Damage	Name of the Hospital if admitted	Any Legal/Court Notice Recd.	FIR details

N.B. Please attach additional sheet with full particulars, if needed and provide copies of Police FIR and Fire Brigade Report, if available)

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

Below are the list of indicative documents for OD and Theft claims. Any other details can be asked for if applicable:

Documents Required

Accident (OD) Claims	Theft Claim & Third Party
1.Claim Form	In addition to the Documents required for OD claims, below are the
2.Driving License	additional indicative documents required for theft and third party
3.Registration certificate	1.Letter of subrogation
4.Tax receipt and Registration receipt if RC is not generated.	2.Letter of Indemnity
5.Satisfaction Voucher for Cashless claims.	3.RTO intimation of Theft.
6.Motor Loss voucher for Reimbursement claims.	4.FIR
7.Fitness and Permit for commercial vehicles	5.CAFR- (Court Approved final report)
8.Aadhar and PAN	6.Black listing confirmation if not available online.
9.Permit Authorization letter for commercial vehicles wherever applicable	7.Transfer documents
	8.Original RC
	9.Original Fitness for Commercial vehicle.

Note: Please select the check box if claims notifications have to be received through WhatsApp:I wish to receive claims notifications through WhatsApp ☐I do not wish to receive claims notifications through WhatsApp ☐**DECLARATION**

I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.

I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.

I/We have read and understood the privacy policy of the Company at www.universalsompo.com and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.

I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.

I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.

I/We hereby declare that I/We will not take input credit of the Goods & Service tax for the bill raised against the above stated vehicle for accidental repairs and also I also agree that the GST bills against the accidental repairs will be raised in favour of the Company with the correct GSTIn number for the state.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity /address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place : _____

Date: _____

Signature of Insured**DISCHARGE VOUCHER**

I/We hereby acknowledge having received a sum of Rs. _____ (Rupees _____) from Universal Sompo General Insurance Co. Ltd. towards full and final settlement of my/our claim under Policy No. _____ in respect of damage caused to my/our vehicle no. _____ in an accident which occurred on ____ / ____ / _____ and claim lodged by me under Claim No. , which is to my complete satisfaction.

Place : _____

Date: _____

Signature of Insured

Bank Account Mandate for Direct Credit (This form to be used for one time Customer payment only)**Note: For legibility, please use BLOCK LETTERS in black ink.**

Universal Sampo Location: _____			Claim No: _____			Date: _____		
Beneficiary Details (TO BE FILLED IN - BLOCK LETTERS ONLY) all fields are mandatory								
Beneficiary Name : _____								
(Should be same as in Bank) First Name			Middle Name			Last Name		
Address : _____								
(As per the policy)								
City : _____			Pin Code: _____					
PAN No : _____			Date of Birth: _____			DD MM YYYY		
Service Tax Reg No: _____			E Mail: _____					
Phone No.(with STD code): _____			Mobile Number : _____					

Bank Account Details (TO BE FILLED IN - BLOCK LETTERS ONLY) all fields are mandatory as per bank records

Bank Account Number : _____			Account Type: _____			(Savings /Current/Other etc)		
Name of the Bank : _____								
Bank Branch Name : _____			Bank Branch Code: _____					
IFSC Code : _____			MICR Code: _____					

(The above details are available on the face of the cheque *as per CTS-2010/ 06.2013* . If not, please speak to your branch and get the details / submit the copy of bank pass book where all the above details are available)

*** I /we DO NOT wish to receive direct credits, but wish to receive payment by cheque. (Please tick)** ☐

I hereby understand and confirm that:

- 1) The details given above are true and I have no objection for directly credits in the bank account mentioned above.
- 2) If the electronic credit is not effected, delayed or credited to a wrong account on account of incorrect or incomplete information provided, USGIC shall not be held liable now or in future for such losses.
- 3) In the event the credit is not effected by your Banker for any reason, USGIC reserves the right to make the payment through cheque. USGIC shall not make any payout either partially or wholly in the form of cash.
- 4) Enclosed copy of PAN OR certificate of Service Tax registration (if applicable for institutions).
- 5) Enclosed cancelled cheque as per CTS-2010 of the bank account mentioned above.

Place : _____

Date: _____

Signature of Insured

Documents to be attached:

Self attested copy of PAN Card **OR** Service Tax Regn certificate (if applicable for Institutions)

Original cancelled Cheque (CTS- 2010) duly signed by insured

Verified by Company : ☐ YES / ☐ NO

Signature of Verifying Person: _____

Date: _____

Inward Stamp
with date

Universal Sampo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708

Toll Free No : 1800 200 4030 / 1800 22 4030 | Tel No.: 022 41690888/41690999, CIN: U66010MH2007PLC166770

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