Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

# 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 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 ): ____________________

## INSURED DETAILS

**a.**Insured/Claimant Name:____________________ **b.**Email: ____________________
**c.**Address:____________________
City: __________Pin: __________State: __________ Mob:__________
**d.**PAN: ____________________**e.**CKYC No: ____________________

## DETAILS OF THE DRIVER AT THE TIME OF ACCIDENT

**a.**Name:____________________Age: __________Occupation: ____________________
**b.**Driver is: ☐ Owner ☐ Paid Driver ☐ Relative/Friend. Gender: ____________________
**c.**Driving License No. ____________________ Badge no :____________________
**d.**Class of vehicle: (MCycle / LMV / HGV / Transport / Non-Transport)__________ **e.**License Expiry Date ______/______/________
**f.**Address ____________________ Pin Code ____________
**g.**Type of license - ☐ Permanent ☐ Learner
**h.**Did the driver undergo a breath or blood test ☐ Yes ☐ No.
If yes, please state the results-____________________

## GARAGE DETAILS

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

## 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.**

## 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: ____________________

## 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**)

## 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:

| Documents Required | | |
|---|---|---|
| **Accident (OD) Claims** | **Theft Claim** | **Third Party Claim** |
| | | |
| | | |
| | | |
| | | |

**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**

1.I/We agree to provide additional information to the Company, if required. I/We the above named insured, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and 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, the policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.
I understand that the Company reserves the right of verification of facts and documents relating to the policy and claim.

2.I/We understand that in order to underwrite the policy, Company shall have to share / verify the information provided by me/us with rating agencies, third parties or services providers and accordingly I/We authorise the Company to do the same for the purpose of underwriting /servicing the policy

3.I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Private Policy, as amended, from time to time

Place : ___________________________

Date: DD/MM/YYYY 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: DD/MM/YYYY 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 Sompo 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: DD/MM/YYYY 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 Sompo 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 I Tel No.: 022 41690888/41690999, CIN: U66010MH2007PLC166770

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police compliant along with details of phone call and number.