

RESIDUAL VALUE INSURANCE CLAIM FORM

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@universalsompo.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.

POLICY DETAILS:

Claim No.		Policy No.	
Estimated loss	Rs.	Class of Vehicle	Pvt Car <input type="checkbox"/> Two Wheeler <input type="checkbox"/> Commercial <input type="checkbox"/>
Registration No / Vehicle No.		Engine No.	
Chassis No.		Date of first Registration : DD/MM/YYYY	
Date of Transfer (If Applicable) : DD/MM/YYYY		Name of Financier (if any):	

INSURED DETAILS

Insured/Claimant Name					
Address					
City		State		Pin	
Mobile No.		Email			
PAN		CKYC No.			
Occupation / Profession					

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

Below is the list of indicative documents for Residual Value claims. Any other details can be asked for if applicable

1.Duly filled and signed Claim Form
2.Copy of Certificate of Insurance
3.Original Vehicle Registration Certificate (RC Book)
4.Original Residual Value Contract Certificate

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5.All original sets of keys of the Covered Asset
6.Valid vehicle inspection and condition report from the Company's approved agency
7.Complete and uninterrupted service records from the OEM's authorized dealership throughout the Guarantee Period
8.Odometer reading certificate / mileage verification at the time of return
9.Copy of Residual Value received by Insured
10.Copy of valid comprehensive motor insurance policy covering the Guarantee Period
11.No Objection Certificate from the Financier (mandatory where the Covered Asset is / was hypothecated) NOC from Financer - (mandatory where the Covered Asset is / was hypothecated)
12.Loan closure certificate from the Financier (where applicable)
13.Identity proof and address proof of the Insured
14.CKYC Form if claim payable amt above 1 Lakh
15.NEFT mandate form / cancelled cheque / passbook copy of the Insured
16.Any other document as may be required by the Company on the merits of the claim

Declaration

1. I would like to handover the vehicle to OEM (Manufacturer of the vehicle) under “Residual Value Insurance Policy which remains availed by me.
2. I confirm that the vehicle is in sound condition and no tempering done to its original specification.
3. The odometer reading displayed is actual & I have been compliant to all the terms and conditions of the “Residual Value Insurance ” Policy.
4. 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 agree that all rights under the policy will be forfeited. I/We also agree to provide additional information to the company, if required.
5. 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.
6. 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.
7. I/We have read and understood the privacy policy of the Company at [Legal Policies | Universal Sampo](#) 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.
8. 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 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.
9. 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.
10. 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

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DISCHARGE VOUCHER

I/We hereby acknowledge having received a sum of Rs. _____ (Rupees) from Universal Sampo 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)		
Address: (As per policy)		
City:	Pin code:	
PAN No.:	Date of Birth:	
Service Tax Reg No.:	Email:	
Phone No.(with STD Code): Mobile Number:		

Bank Account Details (TO BE FILLED IN BLOCKED LETTERS ONLY): All fields are mandatory as per bank records

Bank Account No.:	Account Type:
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 passbook where all the above details are available).

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 _____

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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, Thane Belapur Road, Airoli, Navi Mumbai -400708

Toll Free No : 1800 200 4030 / 1800 22 4030 | Email: contactus@universalsompo.com | www.universalsompo.com |

CIN: U66010MH2007PLC166770

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