



general insurance

Bharti AXA General Insurance Company Limited

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Motor Insurance - Claim Form

Important Note

Issuance Of This Form Is Not To Be Taken As An Admission Of Liability.

Please fill this form in Block Letters and Tick the Boxes [X] where appropriate and do not leave any column unanswered.

Policy Number: Claim Number:

Vehicle Number: Chassis Number: Engine Number:

1 Details of insured

Insured/Claimant Name

Address

City Pin code State

Contact Nos. Mobile No. Office +91

Residence +91 E-mail ID

2 Loss details

Accident occurred on [D][D][M][M][Y][Y][Y][Y] at Hrs. Place of Accident

Short Description of Accident

3 Details of driver at the time of accident

Name

Age Sex: Male Female Occupation

Driving License No. Valid upto [D][D][M][M][Y][Y][Y][Y]

Authorised to drive Issuing Authority

Badge No. Is Driver: Owner Paid Driver Relative / Friend

4 Details of injury and police report

Police Report lodged Yes No

If yes FIR No. PS.

Death / Injury to any occupant / Third Party (others) Yes No Third Party Property Damage Yes No

Attach additional details in case of death and/or injury to Third Party / Occupants / Driver or damage to property.

5 Additional details in case of commercial vehicles

Permit No. Valid upto [D][D][M][M][Y][Y][Y][Y] Fitness Valid upto [D][D][M][M][Y][Y][Y][Y]

LR/GR No. Number of Passengers carried

Nature of Goods carried

Do you wish to provide any other information? Yes No

If yes, Details (if required you may please attach a separate sheet):

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

1. Registration Certificate 2. Driving License (of the driver) 3. FIR if lodged 4. Fire Brigade Report if lodged.

In Case of Commercial Vehicle submit the following additional documents: 1. Permit 2. Fitness Certificate 3. LR / GR

6 Declaration

I/We agree to provide additional information to the Company, if required. I/We the above named, 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 accidents shall be forfeited. I understand that the Company reserves the right of verification of facts and documents relating to the policy and claim.

Date: Place:

Signature of Insured

Insurance is the subject matter of the solicitation.