

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

As soon as Loss or Damage has become known we should be notified without delay. If any details are unavailable, they may be sent later after submission of this form.
A. The claim form is to be duly filled and signed by the insured. B. Please fill this form in Block Letters and Tick the Boxes where appropriate and do not leave any column unanswered.

Policy Number _____ Vehicle Number _____ Claim Number _____

Class of Vehicle: 1. Private Car 2. Commercial 3. Two-wheeler

Insured Details

Insured/Claimant Name _____

Address _____

City _____

Pin code _____

State _____

Mobile No : _____ Office/Residence: _____

Email ID: _____

NEFT Details:

Bank Name:	Bank Branch:
State:	City:
MICR Code:	IFSC Code:
Payee Name:	Payee Account Number:
UPI /Wallet ID:	

Loss Details:

Date & Time of Accident

D	D	M	M	Y	Y	Y	Y
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H	H	S	S
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 AM / PM

Place of Accident _____ Type of Loss: Own Damage Theft Third Party

Short Description of Accident _____

Driver Details at the time of Accident:

Name:	Age:
Occupation:	Contact No:
Driving License, No:	Name of RTO:
Relationship of Driver: <input type="checkbox"/> Self <input type="checkbox"/> Paid Driver <input type="checkbox"/> Friends <input type="checkbox"/> Relatives	
Co passenger details:	No of occupants at the time of accident:

Applicable for Commercial Vehicle

Permit No:	GR/LR No:
Permit Valid Up to:	Permit Valid for:
Fitness Issue date:	Fitness Valid Up to:

Applicable for third party property damage or injury

Police report Lodged: Yes, No If Yes FIR NO _____ Name of Police Station _____

Name of Third Party/Occupants/Driver/Property	Contact No	Type of Injury/Property damage	Name of Hospital where admitted	Any Legal/Court Notice Received

I hereby declare having submitted the following documents :

Copy of Policy Copy of RC Book Copy of Driving license Estimate of Repairs Copy of Fitness Certificate Copy of Permit
 Copy of FIR G. R. Form

DECLARATION: 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/We agree that all rights under the policy will be forfeited. I/We also agree to provide additional information to the company, if required.

Date

D	D	M	M	Y	Y	Y	Y
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Insured Signature

For Accident Claims	For Theft Claims
<ul style="list-style-type: none"> • Proof of insurance - Policy copy • Copy of Registration Book, Tax Receipt [Please furnish original for verification] • Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification) • Police Panchnama /FIR (In case of Third Party property damage /Death / Body Injury). • Estimate for repairs from the repairer where the vehicle is to be repaired • Repair Bills/Invoices and payment receipts after the job is completed. • NEFT details of insured along with Cancelled cheque / Bank Passbook. 	<ul style="list-style-type: none"> • Original Policy document • Original Registration Book/Certificate and Tax Payment Receipt. • All the sets of keys/Service Booklet/Warranty Card/Original Purchase Invoice. • Police Panchnama/ FIR. • Police Final Investigation Report/Non-Traceable Report. • Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE" • Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank • Letter of Subrogation. • Letter of Indemnity. • Consent towards agreed claim settlement value from yourself and Financer • NOC from the Financier if claim is to be settled in your favor.

NEFT Documents
<ul style="list-style-type: none"> • Cancelled cheque showing Name and IFSC code details. • Bank Statement or Passbook copy

AML / KYC Documents
<ul style="list-style-type: none"> • Photo identity proof • Pancard copy • Address proof • KYC documents as per AML/KYC rules

The list given is indicative in nature. Further additional documents may be called for depending on the nature of the claim.

DISCHARGE VOUCHER:

Claim No. _____ I/We hereby acknowledge having received a sum of Rs. _____ /-

Rupees (_____) from Raheja QBE General Insurance Company Ltd,

towards full and final settlement of my/our claim upon the said company under Policy No. _____ in respect of the

damage caused to my/our Vehicle No. in an accident that occurred on ____/____/____ (DD/MM/YYYY)

Place _____ Signature _____ Date _____

Name of Insured/Claimant _____

Raheja QBE General Insurance Company Limited, CIN: U66030MH2007PLC173129, IRDAI Registration Number: 141.

Registered Office - 5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, Website - <http://www.rahejaqbe.com>, Service mail ID - customercare@rahejaqbe.com, Contact No.- 022-41715050, Toll free No. 1800-102-7723.

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