

Private Car      Two-Wheeler      Commercial Vehicle

# MOTOR INSURANCE CLAIM FORM

Please fill this form COMPLETELY. The issue of this form is not to be taken as an admission of liability.

Policy No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Vehicle Registration No.: \_\_\_\_\_ Chassis No.: \_\_\_\_\_ Engine No.: \_\_\_\_\_

Insured / Claimant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Landline No.: \_\_\_\_\_

Email ID: \_\_\_\_\_

Date of Loss:  $\underline{\quad} \underline{\quad} / \underline{\quad} \underline{\quad} / \underline{\quad} \underline{\quad} \underline{\quad} \underline{\quad}$  Time of Loss:  $\underline{\quad} \underline{\quad} : \underline{\quad} \underline{\quad}$  AM/PM Place of Loss: \_\_\_\_\_

Description of Loss: \_\_\_\_\_

No. of occupants travelling in the vehicle at the time of accident: \_\_\_\_\_

Was the vehicle parked at the time of accident:  Yes  No

Name of the driver: Mr./Ms./Mrs.: \_\_\_\_\_

Driving License (DL) No.: \_\_\_\_\_ Issuing RTO: \_\_\_\_\_

Relationship with Insured: \_\_\_\_\_ Occupation: \_\_\_\_\_

Police report lodged:  Yes  No If Yes, Report No.: \_\_\_\_\_ Date:  $\underline{\quad} \underline{\quad} / \underline{\quad} \underline{\quad} / \underline{\quad} \underline{\quad} \underline{\quad} \underline{\quad}$

Police Station: \_\_\_\_\_ District: \_\_\_\_\_

Injury/Death of any occupant/Third Party (Others):  Yes  No

If Yes, then details of the injured/dead person: \_\_\_\_\_

Third party property damage:  Yes  No

If Yes, then details of the property damage: \_\_\_\_\_

Permit No.: \_\_\_\_\_ Valid Up to: \_\_\_\_\_ Fitness Valid Up to: \_\_\_\_\_

Nature of Goods carried: \_\_\_\_\_ LR/GR No.: \_\_\_\_\_ DL Badge No.: \_\_\_\_\_

## DHFL General Insurance Limited

(A Wholly Owned Subsidiary Of WGC)

