

Motor Claim Form

(Issuance of this form does not imply acceptance of the liability.) All tasks in the form are mandatory.

Personal Details of Claimant (Owner) To be filled in BLOCK LETTERS

Policy No. **110422523750035572** Cover Note No. **R19102515621**

Policy Period: From _____ To _____

Full Name: Mr./Mrs./Ms. **ABHISHEK**

Address for Communication: **SINGHASANPUR**

Floor/Building: **KUNRAGHAT WARD 20**

Road/Street/Sector: **KHORABAR**

Nearest Landmark: **GORAKHPUR**

Taluka/Village/District/City: **U.P.** Area: _____ Pin Code: **273008**

State: _____

Change of the contact Details: Yes, I wish to change my contact details. There is no change in my contact details.

Please update mentioned mobile number as primary contact details against my policy. I also hereby confirm to be contacted on the number provided above for Claim Status / Policy Renewal.

Phone No. _____ Mobile No. **7785877972**

WhatsApp No. **7785877972** Alternate Mobile No. _____

Email ID: _____

Aadhaar (UIDAI) No. _____ PAN No. **6246** D.O.B. **CU DPA 8492H**

Insured Profession: Private Service Self-Employed Full-time Retired Student Government Service House Wife

Monthly Income: Up to ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,001 and above

Any claims made in last two insurance policies: Yes No. If yes, please specify: _____

Vehicle Details

Registration No. **UP58 PM 3961** Date of Registration: **22-10-2025**

Date of Purchase of Vehicle: _____ Expiry of Temp. Reg. _____

Chassis No. **02378** Engine No. **02453**

Make: **Hero** Model: **Pleasure**

Class of Vehicle: Car Two Wheeler Commercial

Financers: Yes No. If yes, Name of Financer: _____

Vehicle fitted with LPG/CNG: Yes No. Vehicle fitted with Anti-theft device: Yes No

Details of accident

Date: **01-12-2025** Time: **02:00** Location: Accident Vehicle Speed: **30-35 km/h**

Place of accident: **पादरी बाजार** Odometer Reading: _____

Police FIR No. / GD Entry Log No.: _____ Name of Police Station: _____

Name of Garage: **DP MOTORS**

Estimate of Loss: _____ Garage Ph. No. **9835410811**

No. of persons traveling at the time of accident (excluding driver): _____

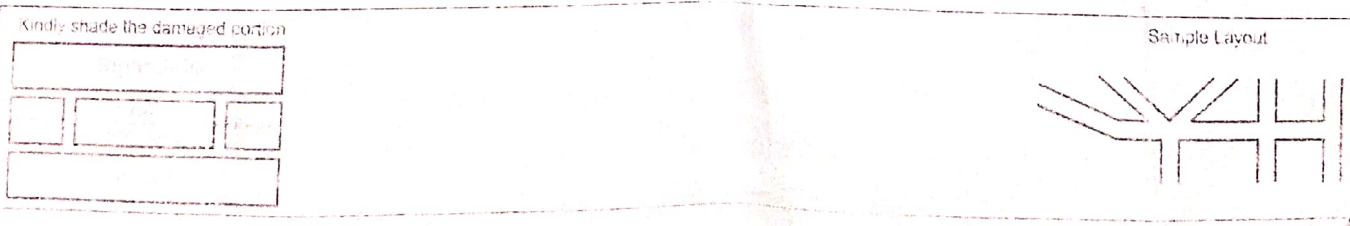
Description of the accident (Please attach a separate sheet if needed): **पादरी बाजार में सामने से आ रहे वाहन वाले सिंहासन पुर से पादरी बाजार जाते समय वाहन के सामने से दाहिने तरफ से खाना का डिब्बा जिससे भी ग्राहक डाली है गड़.**

For what purpose was the vehicle being used at the time of accident? Personal For use of Passenger Carriage of Goods

Vehicle was plying from: _____

Was any third party involve in the accident? Yes No. If Yes, Vehicle No. and details: _____

Diagram of location of accident (position of your vehicle) direction in which your vehicle was moving. Street name, nearest landmark/shop/building



at time of accident

Correspondence Address
Telephone Number
Date of Birth
Issuing Authority

ABHISHEK
445 SANSHASHANPUR KUNRASHAT GORAKHPUR
10 01 2002
Gender: Male / Female
Licence No: **VPS320200028281**
Valid upto: **09 01 2042**

Type of vehicle authorized to Drive: HGV Transport LCV Motor Cycle Scooter Without Gear
Is the Driver: Owner Part Driver Any Other Person (Please specify)
Was the driver under the influence of alcohol: Yes No Type of licence: Permanent Learner
Driver involve in any other accident in last two years: Yes No: If yes, Please provide details

Details required only for Commercial Vehicle

Nature of load carried at time of accident
No. of passengers carried at time of accident
Permit valid upto
Fitness valid upto
G. R. Date and No.
Permit No.
Permit Expiry Date

If there is a third party property damage or injury

Type of T. P. Loss	Injury / Death / Property Damage	Status of victim	Passenger / Driver / Third person

Additional information required for theft claim

Place of theft
Police Station
Date of FIR
By whom it was first noticed and when
Witnesses Name & Address
Witness Contact No.
Time noticed
Date of Theft
FIR No.
Time
Details of person in whose possession the vehicle was at the time of theft
Relationship
Purpose

Add On's

Do you wish to opt a claim for add on cover if cover under the policy: Yes No
Nil Depreciator Consumable expenses Engine Protector Return to Invoice Total Cover Others
Please specify:
Details of any other insurance covering this vehicle (Name of Insurance Company)
Policy No.
Period of insurance

Bank Details for NEFT payment (For Reimbursement Claims)

Name of the Bank Account Holder: Mr. Mrs. Ms.
Bank Account No.
Name of the Bank
Account: Saving Current
Branch
MICR Code (8 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)
IFSC Code (11 character code appearing on your cheque leaf)
 I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.
*As per IRDAI, its mandatory that all payments made to Insured are only through electronic mode.
Note: Please attach original cancelled cheque and a copy of PAN card for verification of the same.

Aadhaar based payment (For Reimbursement claims)

Aadhaar Card No. (Note: Self attested Aadhaar card copy to be submitted)
 I wish to collect claim reimbursement directly in my Bank account linked with my above mentioned Aadhaar Card. I understand that the claim amount shall be credited directly in my latest Bank account linked with my Aadhaar Card.
I/We hereby declare that the details given above are true and correct to the best of my/our best and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited. I have received and read the Claim Procedure of the insurer attached to this Claim Form and retained it with me/us. I agree to provide additional information to the Company if required, satisfactorily and hold harmless the Company due to any loss arising out of misstatement in this form.

Place _____ Date _____ Signature of the Insured **अभिषेक**

An ISO 9001:2015 Certified Company
IRDAI Registration No.103, Reliance General Insurance Company Limited, Registered & Corporate Office: Giti Floor, Oberoi Commercial International Business Park, Oberoi Garden, City Office, Western Express Highway, Goregaon (E) Mumbai - 400065. Corporate Identity Number U06603MH2003PLC128300. Trade Logo displayed above belongs to Anil Dhiroochai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License: RGIMCOM/COM/TP/02/CIM-FM/Ver 1.3/071221.

Claim Procedure: Step-by-Step Guide for Claims

Registration of Claim

Claim has to be intimated with our Call Centre at 1800 3009 (toll free). Intimate the claim to the insurance company immediately. Delay in intimation would tantamount to a violation of policy condition.

First Step

- ▶ Please provide your mobile no. for sending SMS about your claim status from time to time.
- ▶ If there has been any injury to any passengers or a head on collision resulting in major damages or vehicle not in a motorable condition due to accident please report the matter to Police and seek a spot survey immediately before shifting the vehicle from the accident spot.
- ▶ Please rush the injured to the hospital.
- ▶ You can seek the help of our Call Centre Executives in identifying a cashless network garage* close to the location of loss.
- ▶ Decide on the repairer and inform us immediately once the vehicle is left at the garage.
- ▶ Please try to produce the vehicle for inspection as early as possible as the policy does not pay for consequential/aggravated damages on account of delay.
- ▶ Submit all documents listed on time for a speedier claim settlement.**
- ▶ Keep original documents ready for verification by our loss assessor.
- ▶ Produce the vehicle for re-inspection after repairs if the loss is above Rs 20,000. Submit bills and cash receipt within 10 days from the date of repair.
- ▶ To pay the difference bill amount over and above the liability of the insurance company before taking delivery of the vehicle from our cashless network garage, which can be on account of depreciation, salvage, excess, consumables etc.
- ▶ We suggest you to opt for a NEFT (electronic fund transfer to your bank account directly) or Aadhaar based payment for a hassle free claim settlement if you have not chosen to repair at our cashless network garage.
- ▶ In case of a loss due to riots inform police immediately.
- ▶ If loss is on account of fire, intimate fire brigade immediately and try to minimise loss.
- ▶ In case of a theft claim, report the loss immediately to the insurance company and also the police. Informing insurers immediately helps us co-ordinate with the police for tracing of the vehicle through the investigator.
- ▶ To co-operate with the investigator in a theft claim and provide necessary information sought by him.
- ▶ If you would like to lodge a claim under the personal accident cover of the policy for death or permanent total disablement or loss of limbs or eyes*** do intimate the call centre executive of the same.

*Conditions apply.

**Claim amount shall be subject to the policy terms and conditions and there shall be deduction for depreciation, excess, salvage etc. as laid down in the policy terms. Please go through the policy document.

***Please refer Section III of the policy document.

Documents to be kept ready at the time of registration of a claim

- ▶ Policy Copy
- ▶ Registration Book
- ▶ Driving License

You may have to inform the insurer of the following at the time of intimation of a claim:

- ▶ How the accident took place
- ▶ The damages suffered by the vehicle
- ▶ Location of the accident
- ▶ Location, where the vehicle is available for inspection
- ▶ Injuries to passengers/driver/third parties if any
- ▶ Name and particulars of driver who was driving the vehicle at the time of accident

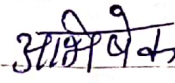
Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Vehicle repair satisfaction voucher (For Cashless Settlement)

Claim No. _____
 I, We hereby acknowledge having received from _____ garage my/our _____ vehicle bearing Registration Number _____ which has been repaired to my/our satisfaction and I/we admit that the payment of ₹ _____ on account of such repair by Reliance General Insurance Company Limited to the above garage is in full discharge of my/our claim upon the said company under Policy No. _____ in respect of the damage caused to the above mentioned vehicle in an accident which occurred on _____

Place _____

Signature of the Insured



Date _____

Name of Insured _____

An ISO 9001:2015 Certified Company

IRDAI Registration No.103, Reliance General Insurance Company Limited, Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number U66603MH2000PLC128700. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License RGLMCOM/CO/MOT-02/CLM-FM/Ver.1.3/071221.

Documents required for processing of a claim

General Documents applicable for all type of losses		Own Damage	Theft of vehicle	Personal Accident Claim
OWN DAMAGE	Claim Form filled-up completely & duly signed	✓	✓	✓
	Policy Copy	✓	✓	✓
	RC with RTO Tax Receipt**	✓	✓	✓
	Driving Licence Copy**	✓	✓	✗
	Original Estimate of Repair	✓	✗	✗
	Original Repair Invoice and payment receipt	✓	✗	✗
	FIR Copy (in case of major loss and theft)	✓	✗	✗
	Fire Brigade report for fire loss	✓	✓	✗
	Cancelled Cheque for fund transfer or Self attested Aadhaar Card Copy (if opted)	✓	✗	✗
	KYC document for high value claim	✓	✓	✓
	Bank details for the payment for EMI protector	✓	✓	✓
	Loan documents for EMI payment for EMI protector	✓	✗	✗
	Auto Loan Account No	✓	✗	✗
	Purchase Invoice Copy	✓	✗	✗
	Vehicle Fitness Certificate Copy***	✓	✗	✗
	Vehicle Permit and Authorisation Copy***	✓	✓	✗
Load Chaitan for goods vehicle***	✓	✓	✗	
Passenger list for passenger carrying vehicle***	✓	✗	✗	
Additional documents for Theft of vehicle	Non Tracable report	✗	✗	✗
	All Original Keys	✗	✓	✗
	Letter of subrogation and indemnity	✗	✓	✗
	Loan account statement from the Financier	✗	✓	✗
	NOC from the Financier (if hypothecated)	✗	✓	✗
	Form 35 duly signed	✗	✓	✗
	Form 28, 29 and 30 duly signed	✗	✓	✗
	Letter to RTO intimating them of the theft	✗	✓	✗
Hospital Certificate/documents	✗	✓	✗	
Personal Accident Claim	Death Certificate	✗	✗	✓
	Post Mortem Certificate	✗	✗	✓
	Legal Heir Certificate/Will/Proof of nomination	✗	✗	✓
	Affidavit on non judicial stamp paper	✗	✗	✓
	Certificate of disablement in case of a permanent partial disability	✗	✗	✓

*Stamp required in case of company.

**Original document to be produced for verification of the driver at the time of accident.

***Applicable for commercial vehicles only.

In case if necessary, additional documents may be require for processing of a claim.

Track your claim status

You can always track your claim status:-

- On our website - www.reliancegeneral.co.in, in the 'Claims' section or
- Through the Automated Interactive Voice Recorder System at our Call Centre or speak to our Call Centre Executives at 1800 3009 (toll free) or
- SMS claimstatus<space><claim number> at 9266334477 to get the claim status.

Registered & Corporate Office Address

IRDAI Registration No. 103.

Reliance General Insurance Company Limited, Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City Off. Western Express Highway, Goregaon (E), Mumbai-400063.

For any assistance call 1800 3009 (Toll Free) (022) 4890 3009 (Paid)



Claim Discharge Voucher (For Reimbursement Claims)

In consideration of approval of my/our claim, I/we hereby accept from Reliance General Insurance Company Limited the sum of ₹ _____ in full and final settlement of my/our claim.

I/we hereby voluntarily give discharge receipt to the company in full and final settlement of all my/our claims present or future arising directly or indirectly in respect of the said loss/accident. I/we hereby also subrogate all my/our rights and remedies to the company in respect of the loss/damage.

Claim No. _____

Policy No. _____

Date of loss: _____

Signature of Insured: अभिषेक

Name of Insured: _____

Date: _____

Note

- In case of firm/company owned vehicles stamp & sign of authorized signatory is required.
- Issuance of this voucher is not to be taken as admission of liability.

