

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered and Head Office: Dare House, 2nd Floor, No.2, N.S.C. Bose Road,
Chennai - 600 001.**MOTOR INSURANCE CLAIM FORM**

(The issuance of this form does not imply admission of liability)

Policy/Cover Note No: _____ Claim No: _____
Policy Period From _____ To _____ Region _____Mr. Mrs. Ms. Dr. Others

Personal Details	Name	First Name _____ Middle Name _____ Last Name _____
	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others
	Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Others Aadhar No : _____
	Mobile No. +91	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PAN <input type="checkbox"/> Passport <input type="checkbox"/> DL <input type="checkbox"/> - No _____
	Tel (O) +91	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Extn. <input type="text"/> <input type="text"/> Tel (R) +91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Correspondence Address	Email ID	_____
	Door /Flat No :	_____ Building No / Name : _____
	Street Name :	_____ Landmark : _____
	Sub Area/Village:	_____ Area / Tehsil : _____
Permanent Address	City :	_____ District : _____ Pin : _____ State : _____
	Door /Flat No :	_____ Building No / Name : _____
	Street Name :	_____ Landmark : _____
	Sub Area/Village:	_____ Area / Tehsil : _____
City :	_____ District : _____ Pin : _____ State : _____	

Vehicle Details

Regn No:	_____	Date of Regn:	_____
Engine No:	_____	Make:	_____
Chassis No:	_____	Model:	_____
FC No & Validity:	_____	Permit No & Validity:	_____
LR No and Date:	_____	Mileage:	_____
Financial Interest if any:	_____		

Loss Details

(Please do not dismantle the vehicle till is is subject to a detailed survey)

Date of Loss:	_____	Time of Loss:	_____	AM/PM
Place of Loss:	_____	State:	_____	
No of Person travelling in the vehicle:	_____	Occupants	_____	Fare paying Passengers: _____
For what purpose was the vehicle being used at the time of Accident:	_____			
Nature and Weight of the Goods Carried(for Goods Carrying Vehicles):	_____			
Travelling from:	_____	To:	_____	
Any Third Party was involved in the Accident:	_____			
Was the Accident/Theft Reported to Police: Yes / No	_____			
Name of the Police Station:	_____	CR Dairy No:	_____	
Description of the Accident/Theft:	_____			

Claim on Add on Covers under Chola Protect

S. No.	Name of the Item	Model/Serial No/DL Number (Issuing Authority)	Values in Rs.

Garage Name: _____ Phone: _____
 Estimated Loss: _____ Date & time of vehicle left to Garage: _____

Driver Details

Name of the Driver: _____ Date of Birth and Age: | DD | MM | YYYY |
 Driving License No: _____ Date of Issue: | DD | MM | YYYY |
 Name & Location of the Issuing Authority: _____ Date of Expiry: | DD | MM | YYYY |
 Type of Vehicle Authorised to Drive: Motor Cycle / LMV(NT) / HTV / 3W(TV) / HGV / MGW / LMV(T) / Auto
 Whether the Driver is: Owner / Paid Driver / Relative / Friend Specify: _____

Injury to Third Party/Occupants/Driver

Name	Address	Nature of Injury Rh No.	Whether Third Party/Occupant/Driver

Details of Third Party Damage: _____

Other Insurance Details:

Is there any other insurance policy indemnifying you in respect of this accident/theft: Yes / No
 If yes, Policy No _____ Name of the Company/Office: _____

I/We hereby declare that the above particulars are true and correct in each and every aspect. I agree to provide any further information/documents/assistance that may be required for processing my/our claims. In case of any information furnished by me/representative is found incorrect, we agree to accept the decision of company on admissibility of the claim.
 Date: _____
 Place: _____
 Signature of the Insured with Seal

I/we hereby authorize Cholamandalam MS General Insurance Co Ltd to transfer the claim amount payable under Claim No. _____, to my bank account no. _____ . With _____ bank in _____ branch, Located at _____ City. The MICR Code is _____ and the IFSC Code is _____
 Account Type: _____
 Date: _____
 Place: _____
 Signature of the Insured with Seal

Documents Enclosed (For Office Use Only)

Claim Form	Submitted	Verified	Permit	Submitted	Verified
RC Copy	Submitted	Verified	Tripsheet/Load Challan	Submitted	Verified
DL Copy	Submitted	Verified	Policy Copy	Submitted	Verified
FIR	Submitted	Verified	FC	Submitted	Verified
Repair Estimate	Submitted	Verified	Invoice	Submitted	Verified

Discharge Voucher

Please return this receipt duly stamped and signed to enable the company to make payment

Received a sum of Rs. _____ towards full and final settlement of the claim no _____. The liability has been explained to me.

Rs.....

Witness

Affix Re.1/-
Revenue
Stamp

Signature of the Repairer with Seal

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered and Head Office: Dare House, 2nd Floor, No.2, N.S.C. Bose Road,
Chennai - 600 001.**List of Documents required for claim settlement**

(To be submitted to the nearby Cholamandalam MS office / Surveyor / Repairer)

Claim for accidental damages:

1. Proof of insurance - Policy / Covernote copy
2. Copy of Registration Book, Tax Receipt [Please furnish original for verification]
3. Copy of Motor Driving Licence [with original] of the person driving the vehicle at the material time
4. Police Panchanama/FIR (In case of Third Party property damage /Death / Body Injury/Major Loss Claims)
5. Estimate for repairs from the garage where the vehicle is to be repaired
6. Repair Bills and payment receipts after the job is completed
7. Cancelled chq leaf for NEFT transfer
8. Please sign the attached discharge voucher after confirmation of the final claim amount.

For assistance Please Call us at our Toll Free No: 1 800 200 55 44

Satisfaction Voucher

Please return this receipt duly stamped and signed to enable the company to make payment

"We hereby confirm that Veh.No _____ has been repaired to my satisfaction and hereby fully discharge Cholamandalam General Insurance Company Ltd., from all liabilities under this claim. I / We also agree to pay my share of loss, if any, directly to the repairer where cashless has been availed."

Rs.....

Witness

Affix Re.1/-
Revenue
StampSignature of the Claimant
(With seal if it is company name)**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered and Head Office: Dare House, 2nd Floor, No.2, N.S.C. Bose Road,
Chennai - 600 001.**List of Documents required for claim settlement**

(To be submitted to the nearby Cholamandalam MS office / Surveyor / Repairer)

Claim for accidental damages:

1. Original Policy document
2. Original Registration Book/Certificate and Tax Payment Receipt
3. Previous insurance details - Policy No, insuring Office/Company, period of insurance
4. All the sets of keys/Service Booklet/Warranty Card
5. Police Panchanama/ FIR and Final Investigation Report
6. Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON-USE"
7. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank
8. Letter of Subrogation
9. Consent towards agreed claim settlement value from you and Financer
10. NOC of the Financer if claim is to be settled in your favour
11. Blank and undated "Vakalatnama"
12. Cancelled Chq leaf for NEFT
13. Please sign the attached discharge voucher after compensation of the final claim amount.

Additional documents in specific claims shall be intimated separately.

For assistance Please Call us at our Toll Free No: 1 800 200 55 44