



suraksha ka/
naya nazariya

**Bharti AXA General Insurance
Company Limited**

☎ 1800-103-2292 (Toll Free)
✉ claims@bharti-axa.co.in
📱 SMS <CLAIM> to 5667700
🌐 www.bharti-axa.co.in

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** 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 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

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. _____ P.S. _____

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 Fitness Valid upto

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 Direct Fund Transfer/EFT Mandate Form. Please enclose a cancelled Cheque leaf along with the Claim Form (Mandatory)

Bank Name: _____ Branch Name & Code: _____ City: _____

State: _____ IFSC Code: _____ MICR code _____

Payee Account No.: _____ Name of Payee: _____

UPI address _____

7 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.

Data Privacy Notice:

I/We hereby provide consent to the Company for collecting/retaining any information relating to Me/Us including Sensitive Personal Information ("hereinafter cumulatively referred to as "INFORMATION"), that is either available with the Company or disclosed by Me/Us while obtaining the policy of Insurance from the company or otherwise. I/We further understand that the Company may use the INFORMATION for servicing the Insurance policy obtained by Me/Us and for same may share the INFORMATION with any reinsurer, insurance association, medical authorities, other Insurers, statutory authorities, court, governmental body, regulator etc., or with services provider(s) engaged by the Company for servicing the Insurance policy, underwriting the risk, settlement of claim etc. without obtaining our specific consent for such sharing and we hereby provide our consent to Company for same.

I/We understand that whenever I/We would like to update/correct the INFORMATION, we will intimate the Company for the same, so as to enable the Company to amend/correct the INFORMATION accordingly. Further in the event I/We would like to withdraw My/Our consent provided herein, I/We would intimate the Company of the same in writing and also understand that, in the event of such withdrawal by Me/Us, the Company reserves the right to not provide Me/Us the Services for which it has sought the INFORMATION.

Date: _____ Place: _____

Insurance is the subject matter of solicitation.

Signature of Insured

Registered office address: Bharti AXA General Insurance Co. Ltd.

First Floor, Hosto Centre, No. 43, Millers Road, Vasanth Nagar, Bangalore - 560046. IRDAI Reg. No. 139.

GST No.: 29AADCB2008D1Z8 Co. Registration No.: U66030KA2007PLC043362

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