

ZK - 24-25/v1

Vehicle Insurance Claim Form

For claim intimation please call on our Toll Free Number 18002664545

GUIDELINES FOR COMPLETION OF THE FORM

1. Claim form is to be filled in BOLD AND BLACK INK; filled & signed by the Insured. Fields marked * are MANDATORY
2. Please do not leave any column unanswered
3. Please provide complete information in respect to all details sought under this claim and ensure that all details are completed truthfully and accurately
4. All facts and statements must be factual not influenced or biased in any form.
5. Please read carefully the attached list of documents required to speed up processing of your claim.
6. The issue of this form is not to be taken as an admission of the Company's liability

TYPE OF LOSS

Loss Type* Own Damage Third Party Personal Accident

INSURED DETAIL'S

Policy / Cover Note No.* Claim No.
Name*
First Name Middle Name Last Name
Permanent Address*
Address (Line 1)
Address (Line 2)
City / District State Pin Code Country
Mobile* Email*

INSURED VEHICLE DETAILS

Date of Registration* D D M M Y Y Y Y Registration Number* Engine Number*
Chassis Number* Make of Vehicle* Model*
Odometer Reading Kms.

DETAILS ABOUT THE DRIVER / RIDER (at the time of accident)*

Name*
First Name Middle Name Last Name
Gender* Male Female Other Date of Birth* D D M M Y Y Y Y
Driving license number* License Issuing authority*
License Date of expiry* D D M M Y Y Y Y License for type of vehicle*
Was the license temporary? Yes No Relation with Insured
If paid driver, how long has he been in your employment? yrs.
Was he under the influence of intoxicating liquor or drugs? Yes No
Details of endorsements, suspension if any

DETAILS OF ACCIDENTDate Time A.M/ P.M Speed of Vehicle Km/h No. of Occupants / Pillion rider Exact Location of Accident (Address / Spot of Accident with landmark)
Give brief description of the accident

Was accident reported to Police Yes No If not, reasons
If yes furnish the details: Name of the Police station FIR No. / CR Dairy Number **FOR COMMERCIAL VEHICLE**Permit valid upto Load carried at time of Accident Fitness Valid upto **DETAILS OF GARAGE**Garage Name Garage Phone Number Garage Contact Person and Address
OCCUPANT / PASSENGER / THIRD PARTY INJURY DETAILS

Sr. No.	Name	Address	Phone No.	Capacity	Nature of Injury
1.					
2.					
3.					
4.					
5.					
6.					

PARTIAL / TOTAL THEFTBrief description of third party property damage (include other vehicle involved)

Date Time A.M/ P.M Place of Theft Circumstances relating to theft Items stolen (for partial theft) Estimated cost of replacement (for partial theft claims) ₹ By whom discovered and reported Has theft been reported to Police Yes No If yes, provide the details When (date & Time) A.M/ P.M Name of the Police station FIR No. / CR Diary Number Name of attending inspector **CONSENT FOR FUND TRANSFER FOR CLAIM PAYMENT (for reimbursement claims)**

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and or claims directly to your bank accounts. Please select any one of the below options as applicable.

 Bank details as per premium cheque to be used for electronic fund transfer. Cancelled Cheque submitted of other bank.**Particulars of bank account:** Bank NameAccount Number IFSC / MICR Code Account Holder Name **Disclaimer:** Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete.

DECLARATION

I/We hereby declare and agree that, the statements provided or details shared by me/us in the claim form are true to the best of my/our knowledge and belief. I/We further agree that, if it is found by the insurer that I/We have made any false statements or shared fraudulent information or concealed any information, the issued policy shall be void ab initio from the date of risk inception, which results in forfeiting the claim.

I/We have received a list of documents with this claim Form and have understood all the requirement to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above. Due to delay in claimant's submission of required information/documents, Company is at liberty to treat the claim as no claim and close this claim.

I/We understand that sharing the claim form via online/physical mode holds the same stand as physical, the Company/insurer shall not insist on obtaining the same in physical mode.

I/We agree to provide additional information/documents to the Company, if required at the discretion of your company.

Date*

Place

Signature / Thumb Impression of the Insured

DOCUMENTS REQUIRED

For Accident Claims

- Claim Form Duly Signed*
- R. C. **Copy of the Vehicle
- Driving License Copy**
- Policy Copy - (First 2 Pages only)
- FIR Copy
- Estimate of Repairs
- Original Repair Invoice, Payment Receipt
- Letter of Indemnity and Subrogation*
- Documents as required by AML Guide Line
- KYC

For Commercial Vehicle:

- Certificate of Fitness
- Copy of Permit

For Theft Claims

- Claim Form Duly Signed*
- R. C. **Copy of the Vehicle
- Driving License Copy**
- Policy Copy - (First 2 Pages only)
- FIR Copy, Untrace Report, Dumping Yard Certificate
- NOC from Finance Company (If Hypothecated)
- Letter of Indemnity and Subrogation*
- Documents as required by AML Guide Line
- KYC
- Previous Insurance Details
- Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON - USE"
- Form 28, 29 , 30 signed by the insured and form 35 signed by the financier, as the case maybe undated and blank
- Consent towards agreed claim settlement value from you and financier
- Blank and Undated "Vakalatnama"

For Third Party Claims

- Claim Form Duly Signed*
- R. C. **Copy of the Vehicle
- Driving License Copy**
- Policy Copy - (First 2 Pages only)
- FIR Copy
- MACT / Legal Notice
- Documents as required by AML

For Personal Accident Claims

- Claim Form Duly Signed*
- R. C. **Copy of the Vehicle
- Driving License Copy**
- Policy Copy - (First 2 Pages only)
- FIR Copy / Panchnama / Policy inquest report duly attested by police station
- Copy of Medico Legal Certificate duly attested by the concerned Hospital
- Documents as required by AML Guide Line
- KYC

For Accidental Death Claim:

- Original Death Certificate
- Death Summary issued by Hospital
- Post Mortem Report (if conducted)
- Identity proof of Nominee or Original Succession Certificate / Original Legal Heir Certificate

For Disablement Claim:

- Treating Medical Practitioner's certificate describing the disablement; **
- Discharge summary from the Hospital **
- Photograph of the Insured Person reflecting the disablement
- Prescriptions and consultation papers of the treatment;
- Disability certificate issued by treating Medical Practitioner.
- Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable

*Stamp required in case of company **Original Documents to be produced for verification.

Claim No.

VEHICLE REPAIR SATISFACTION VOUCHER (for cashless settlement)

I / We hereby acknowledge having received from _____ garage my / our vehicle _____ Make & Model _____ 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 Zurich Kotak General Insurance Company (India) 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 _____.

Date*

Place

Signature / Thumb Impression of the Insured

Claim Discharge voucher (#) (for reimbursement claims)

Claims No.

Date of Loss

I / We hereby acknowledge having received from _____ garage my / our vehicle _____ Make & Model _____ 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 Zurich Kotak General Insurance Company (India) 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 _____.

Policy No.

Date*

Signature / Thumb Impression of the Insured

(#)Claim Discharge Voucher is applicable only if required.