MOTOR INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

1. Important Instructions:
   a. Claim form is to be filled in capital letter & signed by the insured.
   b. Please do not leave any column unanswered.
   c. All facts and statements must be factual not influenced or biased in any form.
   d. The damaged vehicle must be parked at safe place to avoid any subsequent loss/theft. Company will not be responsible for the same.
   e. Please read carefully the attached list of documents required to speed up processing of your claim.

2. Policy Holder Details

   Policy No.: ____________________________ Cover Note No.: ____________________________
   Period of Insurance: From ____________ To: ____________
   Name of the Insured: ____________________________
   Gender: Male / Female
   Address (Please note: if the claim is approved, the claim payment Cheque will be dispatched at the address mentioned herein)
   Date of Birth: [______] [______] [______] [______] [______] [______]
   Phone Off.: ____________________________ Phone Res.: ____________________________
   Mobile: ____________________________ Email: ____________________________
   PIN: ____________________________

3. Vehicle Details

   Regd. No.: ____________________________ Make: ____________________________ Date of 1st Registration: ____________________________
   Chassis No.: ____________________________ Engine No.: ____________________________ Date of Transfer (If applicable): ____________________________
   Type of Fuel: ____________________________ Colour of Vehicle: ____________________________

4. Loss Details (Accident/Theft)

   Date: ____________________________ Time: ____________________________ Speed: ____________________________
   Exact Place Where loss occurred: ____________________________
   Place to which the vehicle was heading for before accident: ____________________________
   Purpose for which vehicle was being used at the time of accident: ____________________________
   Nature of goods carried at the time of accident (Comm. Veh.) ____________________________
   No of people travelling and in what capacity at time of accident: ____________________________
   Is it reported to the Police? YES / NO
   Name of the Police Station: ____________________________ Gen. Diary/Crime No/FIR No.: ____________________________

   Location of Accident

<table>
<thead>
<tr>
<th>Location of Accident</th>
<th>Yes / No</th>
<th>Purpose of travel at the time of accident</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express Way</td>
<td></td>
<td>Business/office</td>
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<tr>
<td>National Highway</td>
<td></td>
<td>Pleasure</td>
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<tr>
<td>State Highways</td>
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<td>Domestic</td>
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</tr>
<tr>
<td>City roads</td>
<td></td>
<td>Social</td>
<td></td>
</tr>
<tr>
<td>Town/Village roads</td>
<td></td>
<td>MILEAGE at the time of accident.</td>
<td></td>
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<tr>
<td>Private roads</td>
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</tbody>
</table>
5. Statement of how the Accident / Theft occurred:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Give a rough sketch describing the road map & position of the vehicle at the time of accident.


7. Driver Details

Name: ___________________________ Relation with Insured: ___________________________

Address: (If different from the one mentioned above) Contact Number: ___________________________

Date of Birth as shown on the License: ________ ________ ________ Gender: Male / Female

Driving License No: ___________________________ License Effective From: ___________________________

Issuing RTO: ___________________________ License Expiry Date: ___________________________

Class: MCycle / LMV / HGV / Transport / Non-Transport Type: Permanent / Learners

8. Occupant / Passenger / Third Party Injury Details

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name</th>
<th>Address</th>
<th>Phone No.</th>
<th>In What</th>
<th>Capacity</th>
<th>Nature of Injury</th>
</tr>
</thead>
<tbody>
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</table>

9. Third Party Property Damage (include other vehicle involved)


Declaration

1. I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and agree that if I have made any false or fraudulent statement of there be any suppression or concealment, the policy shall be cancelled and the claim shall be forfeited.

2. I/We have received a list of documents with this claim Form and have understood all the requirement to be fulfilled for administration of this claim and the Company shall not be held responsible for any delay in settlement of claim due to non-fulfilment of requirements including the documents as mentioned above.

3. I/We agree to provide additional information to the Company, if required.

Name: ___________________________ Signature of insured: ___________________________ Date: ___________________________

(2)
List of Documents required for claim settlement
(To be submitted to the nearby Bajaj Allianz office)

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)
5. Estimate for repairs from the repairer where the vehicle is to be repaired
6. Repair Bills and payment receipts after the job is completed
7. Claims Discharge Cum Satisfaction Voucher signed across a Revenue Stamp [format attached below]

Claim for theft cases:
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. Claim Discharge Voucher signed across a Revenue Stamp [format attached below]

Additional documents in specific claims shall be intimated separately.

Bajaj Allianz General Insurance Company Limited
CLAIM DISCHARGE CUM SATISFACTION VOUCHER

Claim No.: ______________________________________

Received from BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED the sum of
Rs. ________________________________________________ towards FULL & FINAL SETTLEMENT OF CLAIM under Policy Number ___________________________ in respect of damage to / loss of _____________________________ on _____________________________ I am fully satisfied with the Full & Final settlement with respect to my claim.

Rs. ___________________________ Signature of Insured

Phone Number / Address of Issuance office ( Seal)

___________________________________________________________

Revenue Stamp

DPM/20 Aug. 04