Vehicle Insurance Claim Form

ZURICH kotak General Insurance

Some things to take care of:

- You need to check if all the fields are filled and no column remains unanswered.
- You need to provide true and accurate information for all details requested in the claim form.
- Ensure that all the statements and facts you've shared are true, factual, and unbiased.
- We recommend reviewing the attached list of documents you need to submit to help us process your claim seamlessly.
- The issue of this form is not to be taken as an acceptance of the company's liability.

Claim number: xxxx

About your loss type*

◯ Own Damage ◯ Third Party ◯ Personal Accident ◯ Theft

About you

Name* _____

Correspondence address* _____

Address (Line 1) _____

Address (Line 1) _____

City/District _____ State _____ Pincode _____ Country _____

Mobile* _____ Email* _____

About your policy

Policy/Cover note number* _____

About your vehicle

Date of registration* _____ Registration number* _____

Engine number* _____ Chassis number* _____

Make of vehicle* _____ Model* _____

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About the driver/rider (at the time of accident)*

Name* _____

Gender* ◯ Male ◯ Female ◯ Other

Date of birth* _____

Driving license number* _____

License issuing authority* _____

License date of expiry* _____

License for type of vehicle* _____

Relation with insured* _____

About the accident

Date _____

Time _____

Exact location of accident (Address / Spot of Accident with landmark) _____

Give brief description of the accident _____

Additional notes you want to share with us _____

Was accident reported to police ◯ Yes ◯ No

If yes, we need you to provide the details:

Name of the police station _____

FIR number/CR dairy number _____

For commercial vehicle

Permit valid up to _____

Load carried at the time of accident _____

Fitness valid up to _____

About the garage

Garage name _____

Garage phone number _____

Garage contact person and address _____

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About occupant/passenger/Third-party

Sr.no.	Name	Address	Phone number	Capacity	Nature of injury
1.					
2.					
3.					
4.					
5.					
6.					

Partial/Total theft

Brief description of third party property damage (include other vehicle involved)

_____

_____

Date _____ Time _____ Place of theft _____

Circumstances relating to theft _____ Items stolen (for partial theft) _____

Estimated cost of replacement (for partial theft claims) ₹ _____

Discovered and reported by _____

Has theft been reported to police ◯ Yes ◯ No If yes, provide the details: _____

_____

When (Date & time) _____ _____ Name of the police station _____

FIR number/CR dairy number _____ Name of attending inspector _____

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Consent required in case of reimbursement claims

We need your details to process all payments due on your policy including refunds (if any) and or claims directly to your bank accounts. You may select any one of the options below as applicable

◯ Bank details as per premium cheque to be used for electronic fund transfer.

◯ Cancelled cheque submitted of other bank.

Your bank account details:

Bank name _____

Account number _____ IFDC/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 nonsubmission 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/OTP verified

Documents required

Click/scan the QR to access the list of documents

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

Claim number _____