

For Intimation of Claim, please call (Toll Free) at 1800 300 34448

MOTOR CLAIM FORM

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

1. Important Instructions:

- Claim form must be filled online or manually or using voice record at call centre by the insured.
- Please provide factual information and do not leave any Field blank.
- The damaged vehicle must be protected from any further loss / Damage. Company covers expenses towards inspection, minor repair & transferring the vehicle to safer place from the spot of accident / damage as per policy terms and conditions.

2. Policy Holder Details (Auto populate if claim is registered online) :

Policy Number	<input type="text"/>	Vehicle Registration no	<input type="text"/>
Name of the Insured MR/MS/MRS.	<input type="text"/>	Name of Financier	<input type="text"/>
Mobile Number	<input type="text"/> + 9 1 <input type="text"/>	OR	<input type="text"/> + 9 1 <input type="text"/>
DOB	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Pincode	<input type="text"/>	Email ID	<input type="text"/>

3. Vehicle & Loss Details:

Accident date & time	<input type="text"/>	<input type="text"/>	AM/PM	Odometer reading at the time of accident	<input type="text"/>	No. of occupants	<input type="text"/>
Exact Location & Address of loss	<input type="text"/>						
Place from where vehicle started	<input type="text"/>	Place to where vehicle was heading before accident	<input type="text"/>				
Purpose for which vehicle was being used at the time of accident	<input type="text"/>						
If it is Goods carrier, Nature of goods carried at the time of loss	<input type="text"/>						
If it is passenger carrier, Number of people travelling at the time of loss	<input type="text"/>	Name the add on if you want to claims for:	<input type="text"/>				
Police Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GD. / FIR No.	<input type="text"/>	Name of Police Station	<input type="text"/>	

4. Driver Details:

Driver Name	<input type="text"/>						
Driving License No.	<input type="text"/>	Mobile Number	<input type="text"/>				
Relation with Insured	<input type="checkbox"/> Self	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Paid Driver	<input type="checkbox"/> Employee		

5. Statement to describe circumstances leading to an accident \ theft

<input type="text"/>
<input type="text"/>
<input type="text"/>

6. Third party vehicle / Injury / Property Details :

TP Involvement	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Sr. No.	Description of Third Party Vehicle / Occupants / Property	Third party Address	Third party Contact No	Third party Identification	Description of Injury / Property Damage
				Vehicle Number/Person ID	Description of Injury / damage

7. Policy holder \ Insured \ third party NEFT details for claims payment :

(Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.)

Name on Bank A/c	<input type="text"/>						
Bank Name	<input type="text"/>	Branch	<input type="text"/>				
Account Number	<input type="text"/>	Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> Cash Credit		
IFSC Code	<input type="text"/>	MICR Code	<input type="text"/>	PAN Number	<input type="text"/>		
In support of bank details (Please tick the type of proof submitted) :	<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank Passbook Copy						

8. Declaration :

- 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 or there be any suppression or concealment, no claim shall be payable resulting into forfeiture of premium and/or cancellation of policy.
- I/We have received a list of documents with this claim Form and have understood all the requirements to be fulfilled for administration of this claim.
- I/We agree to provide additional information to the Company, if required.
- I/We hereby do give consent that payment of claim amount be made to third person as per the bank details mentioned above

Name :

Signature of Insured :

Date :

Go Digit General Insurance Limited
CLAIM DISCHARGE CUM SATISFACTION VOUCHER

Claim No: _____

Received from Go Digit GENERAL INSURANCE 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

Documents List	Private Car and Two-wheeler				Commercial Vehicles			
	Repair	Theft	PA	Total Loss / Net of salvage / Cash Loss	Repair	Theft	PA	Total Loss / Net of salvage / Cash Loss
Registration Certificate Copy	Y	Y	Y	Y	Y	Y	Y	Y
Tax Receipt, Fitness & Route permit Copy	X	X	X	X	Y	Y	X	Y
Original Registration Certificate	X	Y	X	Y	X	Y	X	Y
Motor Driving License copy of driver at the time of loss	Y	X	Y	Y	Y	X	Y	Y
Motor Driving License copy of the vehicle owner	Y	X	Y	Y	Y	X	Y	X
Police FIR in case of Third Party involvement or theft loss	Y	Y	Y	Y	Y	Y	Y	Y
Repair Estimate	Y	X	X	Y	Y	X	X	Y
Repair Bills and payment receipts (if repaired at non-approved garage)	Y	X	X	X	Y	X	X	X
Vehicle original keys	X	Y	X	Y	X	Y	X	Y
Vehicle Sale Agreement	X	X	X	Y	X	X	X	Y
Letter to RTO intimating making vehicle "NON-USE"	X	Y	X	Y	X	Y	X	Y
Vehicle transfer form: Form 28, 29 and 30 signed by the insured	X	Y	X	Y	X	Y	X	Y
Financier NOC - form 35	X	Y	X	Y	X	Y	X	Y
Letter of Subrogation, indemnity bond & Vakalatnama	X	Y	X	X	X	Y	X	X
Consent towards agreed claim settlement value	Y	Y	Y	Y	Y	Y	Y	Y
NOC of the Financier if claim is to be settled in favour of insured	X	Y	X	Y	X	Y	X	Y
Claim Discharge Voucher signed across a Revenue Stamp [format attached below]	Y	Y	Y	Y	Y	Y	Y	Y

Note:-Additional documents may required based on claims type and settlement type shall be intimated separately during claim processing.