

# Motor theft claim form

(To be filled by the Insured)

The issue of this claim form is not to be taken as admission of liability  
Please answer all questions fully

## Information about Insured:

Policy /Covernote no. _____	Claim no. _____
Name: _____	
Correspondence Add: _____	
_____	
District: _____	Pin: _____
Resi Phone: _____	Mobile: _____

Profession of the Insured: \_\_\_\_\_

Number of Vehicles owned by the Insured: Two wheelers \_\_\_\_\_, Pvt Cars \_\_\_\_\_, Others \_\_\_\_\_

Name of previous Insurer (If any): \_\_\_\_\_

Previous period of Insurance: Policy start date, |\_D\_|\_D\_|/|\_M\_|\_M\_|/|\_Y\_|\_Y\_|\_Y\_|\_Y\_| Policy end date: |\_D\_|\_D\_|/|\_M\_|\_M\_|/|\_Y\_|\_Y\_|\_Y\_|\_Y\_|

Number of motor claims in past 2 years: \_\_\_\_\_

## Information about Insured vehicle:

Registration no: _____
Make _____ Model: _____ Variant: _____
Engine no: _____
Chassis no: _____
Hypothecation With: _____
Anti Theft Devices in the Vehicle, _____
Permit Details: _____ Valid From:  _D_ _D_ / _M_ _M_ / _Y_ _Y_ _Y_ _Y_  to  _D_ _D_ / _M_ _M_ / _Y_ _Y_ _Y_ _Y_
Fitness Certificate valid from :  _D_ _D_ / _M_ _M_ / _Y_ _Y_ _Y_ _Y_  to  _D_ _D_ / _M_ _M_ / _Y_ _Y_ _Y_ _Y_

## Details of Incident:

Date of theft: _____	Time of Theft _____ : _____ am/pm
Place of theft: _____	
Circumstances of theft : _____	
_____	
Has the theft been reported to the police: _____ when: _____	
If not Reasons: _____	
Name of Police Station: _____	FIR number / GDR Number: _____



Witness Details	Driver Details
Name of Witness 1 : _____	Name of Driver: _____
Add: _____ _____	Add : _____ _____
Contact no: _____	Contact no: _____
Name of Witness 2: _____	Driving Lic no: _____
Add: _____ _____	Lic valid from: __/__/____ to __/__/____
Contact no: _____	Issuing RTO: _____
Who parked the vehicle? _____	Type of Lic: Permanent / Temporary
By whom was the theft Noticed? _____	

Is the Insured sole owner of the Vehicle? Yes / No, If "No" specify details \_\_\_\_\_

Person who has interest in Insured vehicle: \_\_\_\_\_

Nature of Interest: \_\_\_\_\_

Keys of IV lying with: \_\_\_\_\_, Contact no: \_\_\_\_\_

**DOCUMENTS REQUIRED:**

- 1) Claim for duly Signed\* 2) FIR Copy & FR/Court certified untrace report 3) Original Policy copy 4) RTO Intimation\* 5) RTO transfer forms\* 6) Purchase Invoice 7) Indemnity Bond\* 8) Original RC 9) Keys 10) Statement 11) Fitness Certificate & Permit# 12) Claim discharge Voucher [Format Attached]

\* Stamp required in case on non-individual. # Incase of commercial Vehicles.

Note: Additional documents required by us if any, will be intimated to you as & when required.

I/We hereby agree, affirm & declare that:

- a. The statements/information given by me/us in this claim form are true, correct & complete.
- b. Furthermore, save & except as provided or disclosed in this claim form, no claim made here under (for the same/similar claim) has made or lodged with any insurance company.
- c. No material information, which is relevant to the processing of the claim, which in any matter has a bearing on the claim, has been withheld or not disclosed.
- d. If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose mal information, I the policy shall be void & that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.
- e. I/We have received a list of documents with this claim form & have under stood all the requirements to be fulfilled for administration of this claim & the Company shall not be held responsible for any delay in settlement of claim due to non fulfillment of requirements including the documents as mentioned above.

Place : \_\_\_\_\_ Signature/Thumb Impression of the Insured \_\_\_\_\_

Date : \_\_\_\_\_



**CLAIM DISCHARGE CUM SATISFACTION VOUCHER**

In consideration of ICICI Lombard General Insurance Co. Ltd. (the company) having agreed to pay an amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ in words) towards Claim No. \_\_\_\_\_ preferred under Policy No. \_\_\_\_\_ for the loss sustained by me/ us towards the vehicle bearing No. \_\_\_\_\_. The claim assessment was done in consultation with me/ us.

I/ We hereby discharge ICICI Lombard General Insurance Co. Ltd against any liability arising out in furtherance of this claim.

Place: \_\_\_\_\_ Date: \_\_\_\_\_