RAHEJA QBE

Motor Insurance Claim Form

Raheja QBE General Insurance Company Limited
1800-102-7723/claims@rahejaqbe.com/www.rahejaqbe.com
THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.

As soon as Loss or Damage has become known, we should be notified without delay. If any details are unavailable, they may be sent later after submission of this form.

A. The claim form is to be duly filled and signed by the insured. B. Please fill in this form in BLOCK LETTERS and tick the BOXES where appropriate, and do not leave any column unanswered.

Policy Number		Vehicle Number		Claim Number	
Class of Vehicle		1. Private Car		2. Commercial Vehicle		3. Two-Wheeler

Insured Details

Insured/Claimant Name			
Address			
City		State		Pin Code	
Mobile No.										Office/ Residence									
Email ID																			
Bank Name		Branch Name & Code	
Branch State		Branch City	
MICR Code		IFSC Code	
Payee Name		Payee Account No.	
UPI ID			

Loss Details

Date & Time of accident	D	D	M	M	Y	Y	Y	Y		H	H	M	M	S	S				
Place of accident		Type of Loss		Own Damage		Theft		Two-Wheeler
Short description of the accident																			

Driver details at the time of the accident

Name																		Age	
Occupation											Contact No.																			
Driving License No.											Name of RTO																			
Relationship of the driver		Self		Paid driver		Friends		Relatives
Co passenger details											Number of occupants at the time of the accident																			

Applicable for Commercial Vehicle

Permit No.																GR/LR No.			
Permit is valid up to	D	D	M	M	Y	Y	Y	Y								Permit Vald for			
Fitness issue date	D	D	M	M	Y	Y	Y	Y								Fitness Valid up to	D	D	M	M	Y	Y	Y	Y

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Applicable for third-party property damage or injury

Police report lodge		Yes		No	If Yes, FIR No	
Name of Police Station						

Name of Third party/ Occupant/ Driver/Property	Contact No.	Type of Injury/Property Damage	Name of the Hospital were admitted	Any Legal/Court Notice received

I hereby declare having submitted the following documents

	Copy of Policy		Copy of RC book		Estimate of repairs		Copy of Fitness Certificate
	Copy of Permit		Copy of FIR		Copy of Driving License		
	G.R. Form		Estimated Emergency Medical Expense				

DECLARATION

I/We hereby declare that the details given above are true and correct to the best of my knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be forfeited. I/We also agree to provide additional information to the company, if required.

Date	D	D	M	M	Y	Y	Y	Y

Insured Signature

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For Accident Claims	For Theft Claims
• Proof of insurance - Policy copy • Copy of Registration Book, Tax Receipt [Please furnish original for verification] • Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification) • Police Pachamama /FIR (In case of Third-Party property damage • /Death / Body Injury, MLC, GD/DD entry,) • Estimate for repairs from the repairer where the vehicle is to be repaired • Emergency Medical treatment papers • Repair Bills/Invoices and payment receipts after the job is completed. • Emergency Medical treatment /ambulance invoice • NEFT details of insured along with Cancelled cheque / Bank Passbook.	• Original Policy document • Original Registration Book/Certificate and Tax Payment Receipt. • All the set of keys/Service Booklet/Warranty Card/Original Purchase Invoice. • Police Report/ FIR. • Police Final Investigation Report/Non -Traceable Report. • Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE" • Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financer, as the case may be, undated and blank • Letter of Subrogation. • Letter of Indemnity. • Consent towards agreed claim settlement value from yourself and Financer • NOC from the Financier if claim is to be settled in your favor.

NEFT Document

- Cancelled cheque showing Name and IFSC code details
- Bank Statement or Passbook copy

AML/KYC Document

- Photo identity proof
- Pan card copy
- Address proof
- KYC documents as per AML/KYC rules

The list given is indicative in nature. Further additional documents may be called for depending on the nature of the claim.

DISCHARGE VOUCHER

Claim Number		**I/We hereby acknowledge having received a sum of ₹**						
Rupee/s								
from Raheja QBE General Insurance Company Limited, towards full and final settlement of my/our claim upon the said company under								
Policy Number		**in respect of the damage caused to my/our vehicle number in the accident that occurred**						
on	D	D	M	M	Y	Y	Y	Y
Place		**Signature**		**Date**	D	D	M	M	Y	Y	Y	Y
Name of Insured/ Claimant								