Liberty Videocon General Insurance Company Limited

10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013 Phone: +91 22 6700 1313 Fax: +91 22 6700 1606

Email : care@libertyvideocon.com



MOTOR INSURANCE CLAIM FORM PRIVATE CAR/TWO WHEELER

ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Important Instructions

- Claim Form to be filled in capital letters and signed by the Insured.
- The damaged vehicle must be parked at a safe place to avoid any subsequent loss / theft.
- c. Please submit the documents as mentioned on the reverse of this form*.
 d. Please do not leave any column unanswered. Mention "N/A", if not applicable.

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C. VEHICLE DETAILS								
Reg. No. Make Chassis No. Colour Vehicle Class: Two Wheeler	Date of Registration d Pvt. Car Others (spec			D Jurisdiction	Odomet Reading	er		
D. DRIVER DETAILS								
Name of Driver Relationship with Insured Qualification: Below 10th Std. Contact Number: Phone STD Code E-mail ID Driving License No. Date of Issue d d m m y y Issuing RTO Class: M-Cycle W/G Special Endorsements, if any	10th Pass	o. iry d d m	m y y y .	Mobile + Type of I	9 1 G	ender:		
E. THIRD PARTY DEATH/INJURY/P	ERSONAL ACCIDENT D	ETAILS						
(Attach additional sheet, if required) SI. Name of person Whether TP Passenger	Address	Contact No.	Death/Type	Name of Hospital where admitted	Name of Attending Doctor	Details of Any Legal/ Court Notice received		
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Any other information								
DECLARATION I/We, the above named, do hereby, to to the lower made, or in any further declar suppression or concealment, the Comport future loss/accidents shall be forfeited. I/We have attached the list of document Company shall not be held responsible form. I/We agree to provide additional information relevant to the Claim under the Claim under the company shall and the Claim under the Claim under the company shall not be held responsible form.	aration, the Company may any may forfeit the entire d. ts with this claim Form an for any delay in settlement ation and additional docur	require in respectation, and the Potential distribution of the control of the con	ect of the said act olicy shall be nu od the entire req o non-fulfilment o	cident, shall make an il and void, and all rig uirement to be fulfille f requirements includ uired. I/We further aut	y false or fraudulent shits to recover there under the formula of for administration or ling the documents as thorise the Company	statement, or any under in respect of past of this claim and the s mentioned in the claim		
* INDICATIVE LIST OF DOCUMENT	S REQUIRED FOR CLAI	M SETTLEMEN	Т					
1. Proof of insurance - Policy / Cover 2. Copy of Registration Book, Tax Re [Please furnish original for verifica: 3. Copy of Motor Driving License of the time of accident (Please furnis 4. Police Panchanama / FIR 5. Estimate of repairs from the repair repaired 6. Repair Bills/Invoices and payment 7. Discharge Voucher	Note copy ceipt cion] ne person driving the vehi h original for verification) er where the vehicle is to	2. 3. cle at 4. 5. be 6. 7.	All the sets of ke Police Panchan Acknowledged of "NON-USE" Form 28, 29 and Subrogation cur Consent toward	locument ation Book / Certificar eys / Service Booklet ama / FIR and Final I copy of letter address d 30 signed by the ins n special Power of Al s agreed claim settle	Report / Non Traceab ed to RTO intimating sured and Form 35 sign	ginal Purchase Invoice le Report theft and informing gned by the Financier self and Financier		

• Additional documents required by us if any, will be intimated to you as and when required