

Raheja QBE General Insurance co Ltd  
 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 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  3. Two-wheeler

**Insured Details**

Insured/Claimant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Pin code \_\_\_\_\_ State \_\_\_\_\_

Mobile No : \_\_\_\_\_ Office/Residence: \_\_\_\_\_

Email ID: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch Name & Code: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_

MICR code \_\_\_\_\_ IFSC Code: \_\_\_\_\_

Name of Payee: \_\_\_\_\_ Payee Account No.: \_\_\_\_\_

UPI address \_\_\_\_\_

**Loss Details**

Date & Time of Accident 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

H	H	S	S
---	---	---	---

 AM / PM

Place of Accident \_\_\_\_\_ Types of Loss:  Own Damage  Theft  Third Party

Short Description of Accident \_\_\_\_\_

**Driver Details at the time of Accident**

Name :		Age	
Occupation:		Contact No :	
Driving License No :		Name of RTO :	
Relationship of Driver: <input type="checkbox"/> Self <input type="checkbox"/> Paid Driver <input type="checkbox"/> Friends <input type="checkbox"/> Relatives			
Co passenger details:		No of occupants at the time of accident:	

**Applicable for Commercial Vehicle**

Permit No :	GR/LR No :
Permit Valid Upto :	Permit Valid for :
Fitness Issue date :	Fitness Valid Upto :

**Applicable for third party property damage or injury**

Police report Lodged: Yes  No  If Yes FIR NO \_\_\_\_\_ Name of Police Station \_\_\_\_\_

Name of Third Party/Occupants/Driver/Property	Contact No	Type of Injury/Property damage	Name of the Hospital where admitted	Any Legal/Court Notice Received

**I hereby declare having submitted the following documents**

- Copy of Policy  
  Copy of RC Book  
  Copy of Driving License  
  Estimate of Repairs  
  Copy of Fitness Certificate  
  Copy of Permit  
 Copy of FIR  
  G. R. Form

DECLARATION:

I/We hereby declare that the details given above are true and correct to the best of my belief and 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

For Accident Claims	For Theft Claims
<ul style="list-style-type: none"> <li>• Proof of insurance - Policy copy</li> <li>• Copy of Registration Book, Tax Receipt [Please furnish original for verification]</li> <li>• Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification)</li> <li>• Police Pachamama /FIR ( In case of Third Party property damage /Death / Body Injury)</li> <li>• Estimate for repairs from the repairer where the vehicle is to be repaired</li> <li>• Repair Bills/Invoices and payment receipts after the job is completed.</li> <li>• NEFT details of insured along with Cancelled cheque / Bank Passbook.</li> </ul>	<ul style="list-style-type: none"> <li>• Original Policy document</li> <li>• Original Registration Book/Certificate and Tax Payment Receipt.</li> <li>• All the sets of keys/Service Booklet/Warranty Card/Original Purchase Invoice.</li> <li>• Police Panchanama/ FIR.</li> <li>• Police Final Investigation Report/Non Traceable Report.</li> <li>• Acknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE"</li> <li>• Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financier, as the case may be, undated and blank</li> <li>• Letter of Subrogation.</li> <li>• Letter of Indemnity.</li> <li>• Consent towards agreed claim settlement value from yourself and Financier</li> <li>• NOC from the Financier if claim is to be settled in your favor.</li> </ul>

NEFT Documents
<ul style="list-style-type: none"> <li>• Cancelled cheque showing Name and IFSC code details</li> <li>• Bank Statement or Pass Book copy</li> </ul>

AML / KYC Documents
<ul style="list-style-type: none"> <li>• Photo identity proof</li> <li>• Pan card copy</li> <li>• Address proof</li> <li>• KYC documents as per AML/KYC rules</li> </ul>

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

**DISCHARGE VOUCHER**

Claim No. \_\_\_\_\_ I/We hereby acknowledge having received a sum of Rs. \_\_\_\_\_/-  
 Rupees ( \_\_\_\_\_ ) from Raheja QBE General Insurance Company Ltd,  
 towards full and final settlement of my/our claim upon the said company under Policy No. \_\_\_\_\_ in respect of the damage  
 caused to my/our Vehicle No. in an accident that occurred on \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Place \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Insured/Claimant \_\_\_\_\_