



IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED
REGISTERED OFFICE: IFFCO Sadan, C - 1, District Centre, Saket, New Delhi 110017

Claim No.: _____

Date of Issue: _____

Motor Own Damage Insurance Claim Form

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 3 days, from the date of it's issuance.

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|---|------------|-------------|
| Policy No. | | |
| Name of Person, who was driving the vehicle | | |
| Driving Licence No. | | |
| No. of Passengers including Driver | | |
| Date of Accident | | |
| Location of Accident | | |
| Circumstances & Cause of Accident | | |
| Details of Human (Passengers including Driver) Injury, if any? | | |
| Details of Third Party Damage (Human Injury or Property Damage), if any? | | |
| Names & Addresses of Hospitals / Clinics etc., where injured persons were treated | | |
| Name & Address of Workshop, where vehicle is to be repaired | | |
| Amount Claimed (Attach Copy of Estimate) | | |
| Details of Other Existing Insurances | | |
| Name & Address of Company | Policy No. | Sum Insured |
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I, undersigned confirm that above given details are true & correct to the best of my knowledge

Name:

Signature:

Date: