

For any queries call 1800 266 3202 or visit www.magmahdi.com
Interact with MIRA on our website or send a 'Hi' on WhatsApp No. 7208976789

To be filled and signed by the owner of the motor vehicle. Issuance of this form is not to be taken as admission of liability by the insurance



Toll Free No. 1800 266 3202

company. Please fill this form in block letters and tick () the boxes where appropriate. Please take due care to ? Il all the columns. Please submit the duly filled claim form along with requisite documents to the company at the time of survey. Policy / Cover Note No.: Claim Number_ Vehicle No.:. Chassis No.: _ Engine No.: Date of Registration: DD MM Kms: **DETAILS OF INSURED/CLAIMANT** Name as per Policy: Address: State: City: Mobile: Phone: Email ID: WhatsApp No.: Date of Birth: PAN No.: CKYC No.: Marketing Non Marketing Other Service **Business** Occupation: How many vehicle/s do you have >2 5000-10000 10000-20000 >20000 5000 Average Kms run in year LOSS DETAILS (DETAILS OF THE ACCIDENT) Accident Time: H H : M M AM/PM Location: _ Accident Date: Description Of Accident: _ Use the box below to show how the accident took place. Give exact street names, direction of vehicles involved and location of people/objects involved Number of Occupants/Co-passengers at the time of accident (including vehicle driver): For what purpose was the vehicle used at the time of accident? Hire & Reward/Commercial Social/Domestic/Pleasure DETAILS OF DRIVER AT THE TIME OF ACCIDENT Name Age yrs Contact Number Correspondence Address: State: City: Phone: Mobile: Relationship with the insured: Owner Paid driver Relative/Friend Driving License No.: License type: Permanent Learner's license: Valid upto: Authorised to drive: Badge No.: PARTIAL / TOTAL VEHICLE THEFT Vehicle Stolen Parts Stolen When was it noticed: All keys of the vehicle in the possession of, Name: (In case of vehicle theft please report the incident to the police authorities immediately) Contact No: COMMERCIAL VEHICLE Permit No.: _ Permit valid upto: Fitness No.:-Fitness valid upto: LR/GR No.: _ Issue date: Nature of goods carried: Was a trailer attached? Yes No Load carried kgs

CLAIM FORM - MOTOR INSURANCE

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DETAILS OF INJURY AND POLICE REPORT								
Police report lodged: Yes No If Yes, FIR No.:	No If Yes, FIR No.: Police				e Station:			
Death / Injury to any occupants / Third Party (others): Yes 1	No	Third	l Party Property Dam	nage: Yes	No			
If yes, please provide additional details								
Name Address	Contact Nu	mber	Nature of Injury	Details of Property Damage	Э			
In case of additional names/details to be provided, please use a separce Please provide a copy of any legal/court notice received pertaining to the			tach it with this clain	ı form				
WITNESS DETAILS								
Name								
Age yrs Contact Number								
DIRECT FUND TRANSFER / EFT MANDATE FORM								
I / We hereby authorize Magma HDI General Insurance Company to transfer the claim amount payable under:								
Claim No.:, to My/Our Bank	Account No.:							
held with (Name of bank), in				Bran	nch,			
located at	City. The	MICR	code is	а	and			
the IFSC code is Account Type: Savings Current								
Please submit Cancelled Cheque for Direct Fund Transfer/EFTs								
UPI TRANSFER								
UPI ID to transfer to the claim amount :					_			
DECLARATION BY THE OWNER OF THE VEHICLE								
I/we the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect, and I/we have made, or in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment of fact, the policy shall be void and all right to recover thereunder, in respect of past, present or further accidents shall be forfeited. I/We agree to provide additional information to the company, if required and understand that the Company reserves the right of verification/investigation of facts and documents relating to the policy and claim.								
Place								
Date D M M Y Y Y								
Signature / Thumb impression of the Insured Name								
Where the vehicle is owned by a Partnership or Corporate Body or institution, by an authorised signatory of such partnership or a Corporate Body along with the seal of the concerned organisation.								
INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM S	ETTLEMENT							
Accident Claims • Registration Certificate* of the vehicle • Driving license* of the driver at the time of accident • Police panchanama / FIR, if accident reported to the police • Original estimate of repairs • KYC documents • Fitness Certificate** of the vehicle • Road permits** of the vehicle • Goods receipt**/ Lorry Receipt** of the vehicle • FIR is mandatory in case of Riots, Strike & Malicious act • Original repair invoice with payment receipt after repairs have been completed	Theft of Entire Vehicle Claims • FIR copy • RTO transfer papers* (Form 28, 29 and 30) and • Form 35/NOC signed by financier, if applicable • Letter of subrogations • KYC documents • NOC from financier, if hypothecation exists • Copy of Intimation letter to RTO on the vehicle theft • Original policy document • Non Traceable certificate • Original vehicle registration certificate • All original keys of the vehicle/service book/original purchase invoice							
*Original documents to be shown when requested by the company ** For commercial vehicles Additional documents required by us (if any) will be intimated to you as & when required								

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll-free no.: 1800 2663202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.