


CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED Registered and Head Office: Dare House, 2nd Floor, No.2, N.S.C. Bose Road, Chennai-600 001 Tel: 91-44-3044-5400 Fax: 91-44-4044 5550 Toll Free: 1800 208 55 44 Cholainsurance.com Email: customercare@cholams.murugappa.com (IRDA Regn. No. 123) CIN: U66030TN2001PLC047977									
MOTOR INSURANCE CLAIM FORM (CUM DISCHARGE VOUCHER) (The issuance of this form does not imply admission of liability)						OD	Yes / No		
						Theft	Yes / No		
Insurance Details									
Policy No:				Claim No:		Region			
Policy Period		From		To					
If TP Policy is from different company pls specify:-				TP Insurer Name:					
Policy Period		From		To		Previous claim reported: Yes / No			
Insured Details									
Name:									
Date of Birth		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others	Firm / Institution
Occupation:			Aadhar No:			PAN No:			
Mobile:				Email ID:					
Tel. No(R):				Tel. No(O):					
Communication Address									
Door/Flat No				Building No/Name:					
Street Name:				Land Mark:					
Sub Area/Village:				Area/Tehsil					
City:		District:		Pin:		State:			
Vehicle Details									
Regn No:		Date of Regn:		Date/Year of Purchase:					
Engine No:				Make:					
Chassis No:				Model:					
Fitness valid upto:				Permit valid upto:					
Financier:				Odometer reading:					
Loss Details: (Please do not dismantle the vehicle until the survey is completed)									
Date of Loss:		Time of Loss:		AM/PM		Date of Intimation:			
Place of Loss:				State:					
Travelling		from		To:					
In case if there is a delay in intimation above 72 hrs of loss, specify the actual reasons for delay:									
No of Person travelling in the vehicle:				Occupants		Passengers:			
For what purpose was the vehicle being used at the time of Accident:									
Nature and Weight of the Goods Carried(for Goods Carrying Vehicles):									
Was the Accident/Theft Reported to Police				Yes/No		IF yes: Dt of complaint /FIR/ GD entry:			
Name of the Police Station:				CR /FIR No:					
Details of Injury to Third Party/Occupants/Driver & property damage details (Provide details in separate sheet)									
Description of the Accident/Theft:									

Garage / Repairer / Dealer Details									
Garage Name:					Phone No:				
Estimated Loss:					Date & time of vehicle left to Garage:				
In case if the vehicle not shifted to garage, please furnish the details:									
Driver Details:									
Name of the Driver:					Date of Birth and Age:				
Driving License No:					Date of Issue:				
Name & Location of the Issuing Authority:					Date of Expiry:				
Type of Vehicle Authorised to Drive:					Motor Cycle / LMV / Transport/ 3W/ Misc-D/ Tractor				
Whether the Driver is: Owner / Driver / Relative / Friend							Specify:		
Other Insurance Details:									
Is there any other insurance policy indemnifying you in respect of this accident/theft:								Yes / No	
If yes, pls specify the Policy No:					Name of the Company/Office:				
NEFT Details:									
I/we hereby authorize Cholamandalam MS General Insurance Co Ltd to transfer the claim amount payable under above Claim No. to my (savings / Current) bank account.									
Bank account No:				AC Type: SB / Current		MICR Code			
Branch, Located at						IFSC Code			
Declaration									
I/We hereby declare that the above particulars are true and correct in each and every aspect. I agree to provide any further information/documents/assistance that may be required for processing my/our claims.									
Signature of the Insured									
(With Seal in case of Firm/Corporate/Institution)									
List of Documents required for settlement - Pls refer our Chola MS website for details of documens required for Motor OD / Theft claim . (To be submitted to the nearby Cholamandalam MS office / Surveyor / Repairer)									
Discharge Voucher (This receipt duly stamped and signed)									
Received a sum of Rs. _____ towards full and final settlement of the claim no _____. The liability has been explained to me.									
Rs.....					<div></div> <div>Affix Rs.1/- Revenue Stamp</div>				
Witness.....									
<div>Signature of Insured (with Seal if corporate/company)</div>									

For assistance Pls Call us at our Toll Free No: 1800 208 55 44