

<b>CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED</b> 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					
<b>MOTOR INSURANCE CLAIM FORM (CUM DISCHARGE VOUCHER)</b> (The issuance of this form does not imply admission of liability)				<b>OD</b>	Yes / No
				<b>Theft</b>	Yes / No
<b>Insurance Details</b>					
<b>Policy No:</b> Policy Period		<b>Claim No:</b> From		<b>Region</b> To	
If TP Policy is from different company pls specify:		TP Insurer Name:			
Policy Period	From	To	Previous claim reported: Yes / No		
<b>Insured Details</b>					
Name:					
Date of Birth		Gender <input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single	<input type="checkbox"/> Married
Occupation:		Aadhar No:			Firm / Institution PAN No:
Mobile:		Email ID:			
Tel. No(R):		Tel. No(O):			
<b>Communication Address</b>					
Door/Flat No		Building No/Name:			
Street Name:		Land Mark:			
Sub Area/Village:		Area/Tehsil			
City:	District:	Pin:	State:		
<b>Vehicle Details</b>					
Regn No:	Date of Regn:		Date/Year of Purchase:		
Engine No:		Make:			
Chassis No:		Model:			
Fitness valid upto:		Permit valid upto:			
Financier:		Odometer reading:			
<b>Loss Details:</b> (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:					

<b>Garage / Repairer / Dealer Details</b>			
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:			
<b>Driver Details:</b>			
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:	
<b>Other Insurance Details:</b>			
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:	
<b>NEFT Details:</b>			
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		
<b>Declaration</b>			
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.			
<b>Signature of the Insured</b> (With Seal in case of Firm/Corporate/Institution)			
<b>List of Documents required for settlement</b> - Pls refer our Chola MS website for details of documents required for Motor OD / Theft claim . (To be submitted to the nearby Cholamandalam MS office / Surveyor / Repairer)			
<b>Discharge Voucher ( This receipt duly stamped and signed )</b>			
Received a sum of Rs. _____ towards full and final settlement of the claim no _____. The liability has been explained to me.			
Rs.....		_____	
Witness.....		Affix Rs.1/- Revenue Stamp	
<b>Signature of Insured (with Seal if corporate/company)</b>			

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