

Universal Sampo General Insurance Co. Ltd.

(A joint venture between Indian Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments)

Regd. Office : Office No 103, First Floor, Akruti Star, MIDC Central Road, Andheri (East), Mumbai-400059

MOTOR INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later

Claim No. _____ Policy no. _____ Estimated Loss : Rs. _____
 Vehicle Make _____ Model _____ Class of Vehicle : Pvt Car / Two Wheeler / Commercial
 Vehicle No. _____ Eng No. _____ Chassis No. _____

INSURED/CLAIMANT NAME: _____ **email:** _____

Address: _____

City _____ Pin _____

Mob _____ Tel Res _____ Tel off _____

Time & Date of Accident / Occurrence ____/____/____ DD MM YYYY Time _____ am / pm

Place of Accident (location City and State): _____

Type of Loss ☐ OWN DAMAGE ☐ THIRD PARTY ☐ BODILY INJURY ☐ PROPERTY DAMAGE

Purpose for which vehicle was being used : _____

Name of Garage reported : _____

Address of Garage : _____

Contact Numbers : _____

Short Description of Accident/Incidence (attach separate sheet, if necessary) _____

Police FIR no. (if any) and Police Station _____

Fire Brigade Location: (in case of fire) _____

(please provide copies of Police FIR and Fire Brigade Report, if available)

Details of the driver at the subject time of accident

- Name _____ Age _____ Occupation _____
- Driver is ☐ Owner ☐ Paid Driver ☐ Relative/ Friend
- Driving License No. _____ Badge no _____
- Effective for (type of vehicle) _____ Effective upto: _____

Please enclose self signed copies of Registration Certificate & Driving License.

To be filled only in case of Commercial Vehicle

Permit validity upto _____ Fitness validity upto _____

Load carried at the time of accident _____ No. of passengers carried at the time of accident _____

Please enclose self signed copies of Route Permit and Fitness Certificate.

DECLARATION

I/We agree to provide additional information to the Company, if required. I/We the above named insured, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if 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, the policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited. I understand that the Company reserves the right of verification of facts and documents relating to the policy and claim.

Place : _____

Date: DDMMYYYY

Signature of Insured

Universal Sampo General Insurance Co. Ltd.

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DETAILS OF DEATH/INJURY/PROPERTY DAMAGE TO THIRD PARTIES/OCCUPANTS/DRIVER

Sr no	Name of Driver/Passenger/Third Party Person/Third Party Property	Address (Village/Town)	Contact No.	Nature – Death / Injury / Property Damage	Name of the Hospital if admitted	Any Legal/Court Notice Recd.

N.B. Please attach additional sheet with full particulars, if needed.

OTHER INSURANCE (Is this vehicle insured with any other Insurer): Yes / No (If Yes, please fill following information)

Name of Insurance Company	
Period of Insurance	
Sum Insured	
Policy issued at	
Whether claim lodged against this Insurer	

Additional Information (if any):

DECLARATION

I/We agree to provide additional information to the Company, if required. I/We the above named insured, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if 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, the policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited. I understand that the Company reserves the right of verification of facts and documents relating to the policy and claim.

Place : _____

Date: D D M M Y Y Y Y

Signature of Insured

DISCHARGE VOUCHER

I/We hereby acknowledge having received a sum of Rs. _____ (Rupees _____) from Universal Sampo General Insurance Co. Ltd. towards full and final settlement of my/our claim under Policy No. _____ in respect of damage caused to my/our vehicle no. _____ in an accident which occurred on ____/____/____ and claim lodged by me under Claim No. _____, which is to my complete satisfaction.

Place : _____

Date: D D M M Y Y Y Y

Signature of Insured

Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments)
Regd. Office : Unit No. 401, 4th Floor, Sangam Complex, 127 Andheri Kurla Road, Andheri (East), Mumbai-400059

Bank Account Mandate for Direct Credit

(This form to be used for one time Customer payment only)

For legibility, please use BLOCK LETTERS in blank ink.

Universal Sampo Location: _____ Claim no: _____ Date: _____

Beneficiary Details (TO BE FILLED IN - BLOCK LETTERS ONLY) all fields are mandatory

Beneficiary Name : _____
(Should be same as in Bank) First Name Middle Name Last Name

Address : _____
(As per the policy) _____

City : _____ **Pin Code:** _____

PAN No : _____ **Date of Birth:** ____/____/____ DD MM YYYY

Service Tax Reg No: _____ **E Mail:** _____

Phone No.(with STD code): _____ **Mobile Number :** _____

Bank Account Details (TO BE FILLED IN - BLOCK LETTERS ONLY) all fields are mandatory as per bank records

Bank Account Number : _____ **Account Type:** _____ (Savings /Current/Other etc)

Name of the Bank : _____

Bank Branch Name : _____ **Bank Branch Code:** _____

IFSC Code : _____ **MICR Code:** _____

(The above details are available on the face of the cheque **as per CTS-2010/06.2013**. If not, please speak to your branch and get the details / submit the copy of bank pass book where all the above details are available)

*** I/we DO NOT wish to receive direct credits, but wish to receive payment by cheque. (Please ✓) ☐**

I hereby understand and confirm that:

- 1) The details given above are true and I have no objection for directly credits in the bank account mentioned above.
- 2) If the electronic credit is not effected, delayed or credited to a wrong account on account of incorrect or incomplete information provided, USGIC shall not be held liable now or in future for such losses.
- 3) In the event the credit is not effected by your Banker for any reason, USGIC reserves the right to make the payment through cheque. USGIC shall not make any payout either partially or wholly in the form of cash.
- 4) Enclosed copy of PAN OR certificate of Service Tax registration (if applicable for institutions).
- 5) Enclosed cancelled cheque as per CTS-2010 of the bank account mentioned above.
- 6) If wise to receive payments by cheque instead of direct credit, have appropriately ticked the check –box provided for this purpose.

Place: _____

Date: DDMMYYYY

Signature of Customer

Documents to be attached:

- Self attested copy of PAN Card **OR** Service Tax Regn certificate (if applicable for Institutions)
- Original cancelled Cheque (CTS- 2010) duly signed by insured

Verified by Company : YES / NO

Signature of Verifying Person: _____

Inward stamp
with date

Date: DDMMYYYY