

OCCUPANT / PASSENGER / THIRD PARTY INJURY DETAILS

S. No.	Name	Address	Phone No.	Capacity	Nature of Injury
1.					
2.					
3.					
4.					

Brief description of third party property damage (include other vehicle involved)

WITNESS DETAILS (For Theft And Third Party Injury / Damage)

Were there any Witness Yes No If, yes furnish the below details

Name and Correspondence Address of Witness

Residence Tel. No.

Office Tel. No.

Mobile

Email Id

Was accident reported to Police Yes No

If not, reasons

If yes furnish the following details

Name of the Police station

FIR No. / CR Dairy Number

FIR Date

Name of attending inspector

PARTIAL / TOTAL THEFT

Date

Time A.M/P.M

Place of theft

Circumstances relating to theft

Items stolen (for partial theft)

Estimated cost of replacement (for partial theft claims) ₹

By whom discovered and reported

Has theft been reported to Police Yes No

If yes, provide the following details

When (date & Time)

A.M/P.M

Name of the Police station

FIR No. / CR Dairy Number

Name of attending inspector

Any other relevant information related to processing of claim?

CONSENT FOR MODE OF CLAIM PAYMENT (Reimbursement Claims)

Mode of Payment (Please tick for mode of payment) Cheque Fund Transfer (All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Bank Name

Branch Name

City

State

IFSC Code

Email address

Attachments (Please tick the type of proof submitted) Cancelled Cheque

Bank Passbook Copy

Cheque will be delivered at the correspondence address*

i Incorrect / Incomplete bank details could result in delayed reimbursement of claim



DOCUMENTS REQUIRED

For Accident Claims

- Claim Form Duly Signed*
- R. C. Copy** of the Vehicle
- Driving License Copy**
- Policy Copy - (First 2 Pages only)
- FIR Copy
- Estimate of repairs
- Original Repair Invoice, Payment Receipt
- Letter of Indemnity and Subrogation*
- Documents as required by AML Guide Line
- KYC

For Theft Claims

- Claim Form Duly Signed*
- R. C. Copy** of the Vehicle with All Original Keys
- Driving License Copy**
- Policy Copy - (First 2 Pages only)
- FIR Copy, Untrace Report, Dumping Yard Certificate
- NOC from Finance Company (If Hypothecated)
- Documents as required by AML Guide Line
- Letter of Indemnity and Subrogation*
- KYC
- Previous Insurance details
- Acknowledged copy of letter addressed to RTO intimating theft and making vehicle "NON - USE"
- Form 28, 29, 30 signed by the insured and form 35 signed by the financier, as the case maybe undated and blank
- Consent towards agreed claim settlement value from you and financier
- Blank and Undated "Vakalatnama"

For Third Party Claims

- Claim Form Duly Signed*
- R. C. Copy** Of the Vehicle
- Driving License Copy**
- Policy Copy - (First 2 Pages only)
- FIR Copy
- MACT / Legal Notice
- Documents as required by AML Guide Line

*Stamp required in case of company **Original Documents to be produced for verification.

DECLARATION

I/We hereby declare that the statements made by me / us in this Claim Form are true to the best of my / our knowledge and belief.

Place _____

Date*

D	D	M	M	Y	Y	Y	Y
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Signature / Thumb Impression of the Insured

Kotak Commercial Vehicle Secure (Misc D) UIN: KMG-MO-P16-51-V01-15-16;
Kotak Commercial Vehicle Secure (Goods Carrying Vehicle) UIN: KMG-MO-P16-50-V01-15-16;
Kotak Commercial Vehicle Secure (Passenger Carrying Vehicle) UIN: KMG-MO-P16-49-V01-15-16