

TWO WHEELER CLAIM FORM

Issuance of this claim form is not to be taken as an admission of liability

Important Instructions

- a. Claim Form to be filled in CAPITAL LETTERS and signed by the Insured.
- b. Please do not leave any column unanswered. Mention “N/A”, if not applicable.
- c. If any information is not readily available please do not delay the dispatch of this form and the other particulars may be sent later

Policy Number:_____ Claim Number:_____

Period of Insurance:_____ To _____

A. Details Of Insured / Claimant

Name of the Insured: _____

Address: _____

City: _____ State: _____ Pincode: _____

STD code: _____ Phone Number: _____ Mobile: _____

E-mail ID: _____

B. Details Of Loss / Damage / Accident / Theft

Date: _____ Time: _____ A.M ☐ P.M. ☐

Location: _____

City: _____ State: _____ Pincode: _____

Road Type: Express Way ☐ Hill Road ☐ National / State Highway ☐ City / Town Road ☐ District Road ☐ Other: _____

Speed at the time of accident _____kmph

Type of Loss: Own Damage ☐ Theft ☐ Partial Theft ☐ (specify) _____

Third Party Death ☐ Third Party Injury ☐ Third Party Property Damage ☐ Personal Accident ☐

Purpose for which the vehicle was being used at the time of accident / Theft _____

Number of persons travelling: _____ Any other vehicle involved _____

In case of theft, keys in the possession of?

Name: _____

Phone Number: _____ Mobile: _____

Contact Details of person/s at the Location

Name: _____

Relationship with Insured _____ Phone Number: _____ Mobile: _____

Email ID: _____

Describe cause of Loss / Damage / Accident: _____

Please draw a sketch of spot of accident & describe position of vehicle at the time of accident, including nearby landmarks

FIR / DDR / GDR if any: Yes ☐ No ☐ If not (reasons) _____

Police FIR / GDR / DDR Details No.: _____ Date: _____

Police Station Name: _____ Date: _____

City: _____ State: _____

C. Garage Details

Garage Name: _____

Garage Address: _____

Garage Contact Person Name: _____

Garage Phone No.: _____

Garage Email ID: _____

D. Vehicle Details

Reg. No.: _____

Make: _____

Model: _____

Chassis No.: _____

Engine No.: _____

Odometer Reading: _____

Colour: _____

Date of Registration: _____

RTO Jurisdiction: _____

Vehicle Class:

Two wheeler ☐

Private car ☐

Others (specify) _____

E. Driver Details

Name of Driver: _____

Date of Birth: _____

Relationship with Insured: _____

Gender: Male ☐ Female ☐

Qualification:

Below 10th Std. ☐

10th Pass ☐

12th Pass ☐

Graduation ☐

PG ☐

STD code: _____

Phone Number: _____

Mobile: _____

E-mail ID: _____

Driving License No.: _____

Date of Issue: _____

Date of Expiry: _____

Issuing RTO: _____

Type of License: Permanent ☐ Temporary ☐

Class:

M-Cycle W/G ☐

M-Cycle Wo/G ☐

LMV ☐

Transport ☐

Non-Transport ☐

HGV ☐

Passenger ☐

F. Third Party Death / Injury / Personal Accident Details

SI No.	Name of person	Whether TP passenger	Address	Contact No.	Death / Type of Injury	Name of Hospital where admitted	Name of Attending Doctor	Details of any legal/Court Notice received

Declaration

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 agree that 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 Company may forfeit the entire claim, and the Policy shall be null and void, and rights to recover there under in respect of past or future loss/accidents shall be forfeited.

I/We have attached the list of documents with this claim Form and have understood all the requirements to be fulfilled for administration of this claim and the Company shall not be held responsible for any delay in settlement of claim due to non-fulfilment of requirements including submission of the documents as mentioned in the claim form.

I/We agree to provide additional information and additional documentation to the Company, if required. I/We further authorise the Company to access my/our information relevant to the Claim under process.

Place: _____

Signature: _____

Date: _____

Name of Insured / Claimant: _____

Indicative List of Documents Required For Claim Settlement

For Accident Claims	For Theft Claims
1. Proof of insurance - Policy / Cover Note copy 2. Copy of Registration Book, Tax Receipt (Please furnish original for verification) 3. Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification) 4. Police Panchanama / FIR 5. Estimate of repairs from the repairer where the vehicle is to be repaired 6. Repair Bills / Invoices and payment receipts after the job is completed 7. Discharge Voucher 8. ID Proof (Passport, Driving license, Voter ID, PAN card, Aadhaar card) 9. Address proof (Passport, Driving license, Voter ID, Aadhaar card)	1. Original Policy document 2. Original Registration Book / Cretificate and Tax Payment Receipt 3. All the setd of keys / Service Booklet / Warranty Card / Original Purchase Invoice 4. Police Panchanama / FIR and Final Report / Non Traceable Report 5. Acknowledged copy of letter addressed to RTO initimating theft and informing “NON-USE” 6. Form 28, 29 and 30 signed by the insured and Form 35 signed by the Financier 7. Subrogation cum special Power of Attorney 8. Consent towards agreed claim settlement value from yourself and Financer 9. NOC from the Financer if claim is to be settled in your favour 10. Indemnity bond & discharge voucher 11. ID Proof (Passport, Driving license, Voter ID, PAN card, Aadhaar card) 12. Address proof (Passport, Driving license, Voter ID, Aadhaar card)

Documents as required by AML Guide Line

- a) ID proof - Any of Passport, Driving Licence, Voters' Identity Card, PAN Card, Aadhaar Card issued by UIDAI and NREGA Job Card *
- b) Address proof - Any of Passport, Driving Licence, Voters' Identity Card, Aadhaar Card issued by UIDAI *

Additional documents required by us if any, will be intimated to you as and when required

Direct Fund Transfer/EFT Mandate Form

(Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.)

A) Would you like to opt for Electronic Fund Transfer as mode of payment? Yes ☐ No ☐

B) If Yes, kindly provide the below mentioned details:

Payee Name (as per bank records):

Payee Account No.:

Type of Account: Saving ☐ Current ☐ Other:

Name of the Bank:

Branch Name:

Address of the Bank:

IFSC Code of the Bank:

MICR Code No. of the Bank:

Permanent Account Number (PAN) of Payee:

1. Please attach an ORIGINAL BLANK CANCELLED CHEQUE signed by the Payee. *
2. Please attach a PAN CARD copy of Payee. *

Terms and Conditions for Payments through RTGS/NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and Acko General Insurance Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS / NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by Acko General Insuracne Ltd. and or within such period as may be reasonably required by Acko General Insurance Ltd. to activate the RTGS / NEFT facility.
3. The customer agrees that under the RTGS / NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pretaining to RTGS / NEFT facility or due to any other reasons without any fault / inaction / failure on part of Acko General Insurance or any factor beyond the control of Acko General Insurance Limited.
4. The customer agrees to idemnify, without delay or demur, Acko General Insurance Ltd. and its agents and keep Acko General Insurance Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Acko General Insurance Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst offer things, either of the aforesaid reasons stated in above clauses.
5. Acko General Insurance Ltd. may sub-contract and employ agents to carry out any of its obligations under the RTGS / NEFT facility. The Customer may discontinue or terminate the use of RTGS / NEFT facility by giving a minimum of 15 days prior written notice to Acko General InsuranceLtd. The date of notice for Acko will be the date of receipt of such notice by Acko. The notice of such termination should be given to Acko only at its corporate address and be addressed at Acko General Insurance Ltd. F Wing, 3rd Floor, Lotus Corporate Park, Off Western Express Highway, Goregaon (E), Mumbai – 400063.
6. A confirmation of the receipt of termination notice given by the Customer will be acknowledged through a confirmation letter by Acko General Insurance Ltd. In no case can the Customer construe his termination notice as effective unless a confirmation has been provided by Acko to the Customer stating the date of receipt of such communication by the Customer.
7. The Customer agrees that transaction(s) through RTGS / NEFT facility may attract inward RTGS / NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer.
8. Acko has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible forthe terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the customers shall be deemed to have accepted the changes terms and conditions.
9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Acko General Insurance Ltd. website www.acko.com or by sending them by post to the last address of the Customer.
11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.

Signature of the Account Holder (Insured)