

ACKO CAR PACKAGE POLICY CLAIM FORM

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

Important Instructions

- Claim Form to be filled in CAPITAL LETTERS and signed by the Insured.
- Please do not leave any column unanswered. Mention "N/A", if not applicable.
- 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) Fire _____

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
<ol style="list-style-type: none">Proof of insurance - Policy / Cover Note copyCopy of Registration Book, Tax Receipt (Please furnish original for verification)Copy of Motor Driving License of the person driving the vehicle at the time of accident (Please furnish original for verification)Police Panchanama / FIREstimate of repairs from the repairer where the vehicle is to be repairedRepair Bills / Invoices and payment receipts after the job is completedDischarge VoucherID Proof (Passport, Driving license, Voter ID, PAN card, Aadhaar card)Address proof (Passport, Driving license, Voter ID, Aadhaar card)	<ol style="list-style-type: none">Original Policy documentOriginal Registration Book / Certificate and Tax Payment ReceiptAll the setd of keys / Service Booklet / Warranty Card / Original Purchase InvoicePolice Panchanama / FIR and Final Report / Non Traceable ReportAcknowledged copy of letter addressed to RTO intimating theft and informing "NON-USE"Form 28, 29 and 30 signed by the insured and Form 35 signed by the FinancierSubrogation cum special Power of AttorneyConsent towards agreed claim settlement value from yourself and FinancierNOC from the Financier if claim is to be settled in your favourIndemnity bond & discharge voucherID Proof (Passport, Driving license, Voter ID, PAN card, Aadhaar card)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

- 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.
- 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 Insurance Ltd. and or within such period as may be reasonably required by Acko General Insurance Ltd. to activate the RTGS / NEFT facility.
- 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 pertaining 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.
- The customer agrees to indemnify, 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 other things, either of the aforesaid reasons stated in above clauses.
- 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 Insurance Ltd. 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.
- 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.
- 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.
- 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 for the 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.
- 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.
- 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.
- 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)