



RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

Claim Form No : RQBE/MOT/TP/ALL/01

Motor Third Party Liability only (All Motor Liability only Products)

CLAIM FORM

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

As soon as Loss or Damage has become known we should be notified without delay. If any details are unavailable, they may be sent later after submission of this form.

Insured

1. Name	
2. Address	
	City : Pin Code:
3. Telephone No. / Mobile No.	
4. Email id	

Policy and Vehicle Details :

1. Policy No:	
2. Claim No	
3. Vehicle No	
4. Engine No	
5. Chassis No	

Details of Accident

1. Date & Time of Accident	
2. Place of Accident	
3. How did it happen?	
4. Details of Report to Police/Fire Brigade	

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

Windsor House, 5th Floor, CST Road Kalina, Santacruz (East), Mumbai - 400 098, India

Tel: +91 22 4231 3888 Fax: +91 22 4231 3777 Website: www.rahejaqbe.com

Email: info@rahejaqbe.com

Corporate Identity Number: U66030MH2007PLC173129

IRDA Reg. No. 141

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5. Please Make a Sketch overleaf to describe how accident occurred

Details of Driver at the time of Accident

1. Name of Driver	
2. Age	
3. Occupation	
4. Driving License No:	
5. Issued By	
6. Expiry Date	

Details of Death/Injury/Property Damage to Third Parties/Occupants/Driver

Name of Third Party	Address Village	Contact No:	Type of Injury	Name of Hospital where treated	Summons received

Declaration

I/We agree to provide additional information to the company if required. I/We 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 any declaration in respect of this accident which is found to be false, or have suppressed any material information, the policy shall be void and all rights to recover there under in respect of past or future accidents shall be forfeited

Date:**Place:****Signature of Claimant****RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED**

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