

Universal Sompo General Insurance Co. Ltd. (A joint venture between Aljahabad Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.



(For Motor Insurance Claims)

DESCRIPTION	INFORMATION TO BE PROVIDED BY CLAIMANT / CALLER		
Name of the Insured / Address			
Policy Number & Period of Insurance / Cover			From :
Note No :			
Note No.			То :
Vehicle Details	MAKE	MODEL	REGISTRATION NUMBER
Date and Time of Loss			
Place of Loss			
Garage Location for vehicle inspection			
Garage Contact Person Name & Mobile no			
Loss Description (Own Damage / Theft)			
Details of damages			
Name of the person driving the vehicle at the			
time of accident			
Contact Person's details of the Insured			
Estimated Loss (Rs.) – as per Insured			
Whether any Third Party injury / Property			
Damage			
Email id of Insured			
Date and Time of Intimation to CC			
Reason for delay in notification of claim			
Claim intimated by			
Sender's contact details			
FOR REGISTRATION OF CLAIMS (ANY ONE OF THE THREE OPTIONS BELOW GIVING THE ABOVE DETAILS)			
Email this i-CLAIM template (duly filled in) to	contactclaims@u	<u>universalsompo.com</u>	
Call Centre Toll Free Numbers		For MTNL & BSNL Lines For Reliance & others)	s)
Call Centre Helpline Numbers	,	<u> </u>	
(standard charges applicable)	+91-22-27639800	/ +91-22-39133700	