

Kotak Car Secure CLAIM FORM

For claim number please call on our Toll Free Number 1800 266 4545

GUIDELINES FOR COMPLECTION OF THE FORM

- 1) Claim form is to be filled in BOLD AND BLACK INK; filled & signed by the insured. Fields marked* are MANDATORY.
- 2) Please do not leave any column unanswered.
- 3) Please provide complete information in respect to all details sought under this claim and ensure that all details are completed truthfully and accurately.
- 4) All facts and statements must be factual not influenced or biased in any form.
- 5) Please read carefully the attached list of documents required to speed up processing of your claim.
- 6) The issue of this form is not to be taken as an admission of the Company's liability.

TYPE OF LOSS				
Own Damage Bodily Injury Property				
INSURED DETAIL'S				
Policy/Cover Note No.* Claim No.				
Title Mr. / Ms. / Dr. / M/s / Others	_			
Name* First Name Middle Name Last Name				
Gender* Male Female Date of Birth* DDM MYYYYY				
Permanent Address*				
Address (Line 1)				
Address (Line 2)				
Nearest Landmark City / District				
State Pin Code Country				
Is Correspondence Address (where the vehicle is normally kept and used) same as Permanent Address?* Yes No if 'No', please provide below				
Address (Line 1)				
Address (Line 2)				
Nearest Landmark City / District				
State Pin Code Country				
Phone No. Mobile*				
Emergency Contact No. Email* communication details would enable us con				
PAN / Other ID Details you & process claim smoothl	the			
Profession* CA Paramilitary Services Govt.Teacher Govt. Employee Medical Doctors Others				
Taramintary Services Govt. leacher Govt. Employee Wiedical Doctors Others				
INSURED VEHICLE DETAILS				
Date of Registration* D D M M Y Y Y Y Registration*				
Engine Number* Chassis Number* Vehicle details shou	ıld			
Make of Vehicle* Model* match with RC details				
Odometer Reading Kms.				
Is the insured vehicle under* Hire Purchase Lease Agreement Hypothecation Agreement None of the Above				
If, yes, give the name and address of the concerned parties	7			
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Tise Mr. / Mr. / Dr. / Mo. / Others Namer First Name Middle Name Lost Name Condor* Middle Premale Date of Birth* D Date of Birth* Date of Birth* D Date
First Name
Sericle* Male Ferride Date of Bith* D M M Y Y Y Permanent Address* Address (Une 1) Address (Une 1) Nearest Landmank City / District State Pin Code Country Address (Une 1) Address (Une 2) Nearest Landmank City / District Final* City / District Driver is Owner Paid driver Relative / Friend If paid driver, how long has he been in your employment? yrs. Was he under the influence or introducing liquor or drugs? Yes No Driving license number* Was he under the influence or introducing liquor or drugs? Yes No Driving license number* Driver is Owner Paid driver Relative / Friend If paid driver, how long has he been in your employment? yrs. Was the license temporary? Yes No Driving license number* Details of endorsements, suspension if any Details of endorsements and endorsements and endorsements and endorsements a
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OCCUPANT / PASSENGER / THIRD PARTY INJURY DETAILS
S. No. Name Address Phone No. Capacity Nature of Injury
1.
2.
3.
4.
4. Brief description of third party property damage (include other vehicle involved)

WITNESS DETAILS (For Theft And Third Party Injury / Damage)				
Were thereany 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 D D M M Y Y Y Y Y Name of attending inspector				
PARTIAL / TOTAL THEFT				
Date D D M M Y				
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) D D M M Y Y Y Y H H H M M 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)				
Modeof 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 Incomplete bank details could result in delayed				
Bank Name Branch Name Branch Name reimbursement of claim				
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*				



For Accident Claims	For Theft Claims	For Third Party Claims		
Claim Form Duly Signed*	Claim Form Duly Signed*	Claim Form Duly Signed*		
R. C. Copy** of the Vehicle	R. C. Copy** of the Vehicle with All Original Keys	R. C. Copy** Of the Vehicle		
Driving License Copy**	Driving License Copy**	Driving License Copy**		
Policy Copy - (First 2 Pages only)	Policy Copy - (First 2 Pages only)	Policy Copy - (First 2 Pages only)		
FIR Copy	FIR Copy, Untrace Report, Dumping Yard Certificate	e FIR Copy		
Estimate of repairs	NOC from Finance Company (If Hypothecated)	MACT / Legal Notice		
Original Repair Invoice, Payment Receipt	Documents as required by AML Guide Line	Documents as required by AML Guide Line		
Letter of Indemnity and Subrogation*	Letter of Indemnity and Subrogation*			
Documents as required by AML Guide Line	KYC			
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 financer, as the case maybe undated and blank			
	Consent towards agreed claim settlement value from you and financer			
	Blank and Undated "Vakalatnama"			
*Stamp required in case of company **Original Documents to be produced for verification.				
DECLARATION				
I/We hereby declare that the statements made by m	ne / us in this Claim Form are true to the best of my / our knov	wledge and belief.		
Place				
Date*	s	signature / Thumb Impression of the Insured		

DOCUMENTS REQUIRED

Kotak Car Secure UIN: KMG-MO-P16-47-V01-15-16; Depreciation Cover UIN: KMG-MO-A00-00-24-V01-15-16; Consumables Cover UIN: KMG-MO-A00-00-25-V01-15-16; Engine Protect UIN: KMG-MO-A00-00-26-V01-15-16; Return to Invoice UIN: KMG-MO-A00-00-27-V01-15-16; Roadside Assistance UIN: KMG-MO-A00-00-28-V01-15-16;