



redefining / general insurance

Bharti AXA General Insurance Company Limited

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Two Wheeler Long Term - Package Policy - Claim Form

Important Note

Issuance of this form is not to be taken as an admission of liability. Please fill this form in Block Letter And Tick Boxes where appropriate and do not leave any column unanswered.

Policy Number: [] Claim Number: []
Vehicle Number: [] Chassis Number: [] Engine Number: []

Insured Person details

Insured /Claimant Name: []
Address: []
City: [] State: [] Pin Code: []
Contact Nos. Mobile +91 [] Office +91 []

Loss Details

Accident occurred on [] at [] hrs. Place of accident []
Short Description of Accident []

Details of Driver at the time of accident

Name: []
Age [] Sex [] Male [] Female [] Occupation []
Driving License No. [] Valid Upto []
Authorised to drive [] Yes [] No [] Issuing Authority []
Badge No. [] Is Driver: [] Owner [] Paid Driver [] Relative/Friend []

Details of Injury and police report

Police Report lodged [] Yes [] No []
If Yes FIR No. [] P.S []
Death/Injury to any occupant/Third party (others) [] Yes [] No []
Third Party Property Damage [] Yes [] No []

Attach additional details in case of death and/or injury to third party /occupant/driver or damage to property.

Do you wish to provide other information? Yes No
If Yes, Details (if required you may please attach a separate sheet):

Please enclose legible copies of following documents, duly attested by the insured:

1. Registration certificate
2. Driving license (of the driver)
3. FIR if lodged
4. Fire brigade report if lodged

In case of commercial vehicle submit the following additional documents:

1. Permit
2. Fitness certificate
3. LR/GR

Declaration :

I/We agree to provide additional information to the company, if required. I/We the above named, do hereby to the best of my/our knowledge and belief, warrant the truth of forgoing statement in every respect and if I/we have made, or in 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 policy shall be void and all rights to recover hereunder in respect of past or future accident shall be forfeited. I understand that the company reserves the right of verification of facts and documents relating to policy and claim.

Date:

Place:

Signature of insured