

WORKSHOP DETAILS	Address of Workshop											
	Workshop Contact						Estimated Loss					
	Workshop Mobile						Workshop Phone					
	Workshop Fax						Workshop E-mail					

THEFT DETAILS	<input type="checkbox"/> Theft of vehicle	<input type="checkbox"/> Theft of accessories	(If accessories stolen provide detail as below in a separate sheet)									
	Accessory Name	Make & Brand	Serial Number	Accessory Insured	Accessory IDV							
					Yes / No	Rs.						

FIR DETAILS <small>(Applicable for theft, fire, loss of personal effects & third party loss only)</small>	Accident / Theft reported to police	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No provide reasons							
	Date of reporting to police	<input type="text"/> D	<input type="text"/> D	/	<input type="text"/> M	<input type="text"/> M	/	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
	Name of police station										
	FIR / Crime diary number										

THIRD PARTY LOSS DETAILS	Third party involved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If "Yes", provide additional information)							
	Third party loss type	<input type="checkbox"/> Death	<input type="checkbox"/> Injury	<input type="checkbox"/> Property Damage							
	Driver Injured	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Occupants Injured	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
	Details of Third party loss (Attach separate sheet)	Name	Age	Loss type	Address	Treatment Undergone	Hospital Details	Phone	Third Party Vehicle Number (if applicable)	Remarks	
Witness Details	Name			Address			Phone				

ADD ON COVERS <small>(If applicable)</small>	Courtesy car facility availed <small>(Private Car Only)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Expected repair completion date						
	Medical expenses required <small>(Private Car Only)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Likely expenses						
	Loss of personal effects <small>(Private Car Only)</small>	Rs.	List items lost with value as a separate sheet. FIR MANDATORY							

INSURED BANK DETAILS	Account number											
	Bank Name						Branch Name					
	IFSC Code Number											

DECLARATION BY INSURED											
I/We the above named, do hereby, to the best of my / our knowledge and belief, warrant, the truth of the foregoing statement in every respect, and I / We agree that 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 policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.											
Date:											Signature of Insured / Claimant
Place:											