

# MOTOR INSURANCE CLAIM-FORM

ISSUE OF THIS FORM DOES NOT IMPLY ACCEPTANCE OF LIABILITY.

PLEASE GIVE ALL THE DETAILS ASKED FOR IN THE CLAIM FORM. CLAIM FORM TO BE FILLED IN AND SIGNED BY THE INSURED ONLY.



Trusted Since 1906

Policy: \_\_\_\_\_

Claim: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Claim Serial no:  NCB ☐ GAP ☐ PIR ☐

Vehicle No:  Eng. No.: \_\_\_\_\_ Chassis No. \_\_\_\_\_

## 1.) INSURED DETAILS :

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ E-Mail Id: \_\_\_\_\_

Details of other existing Insurance policy (ies) in respect of this accident YES ☐ NO ☐

## 2.) LOSS DETAILS :

RC Particulars ? ☐

Date & Time of Accident/Occurrence : \_\_\_\_\_ Place of Loss: \_\_\_\_\_

Type of Loss: Accidental ☐ Theft ☐ Fire ☐ Illrd Party ☐ Estimated Cost of Repairs: \_\_\_\_\_

Short Description of Accident / Incident: \_\_\_\_\_

## 3.) DRIVER DETAILS :

DL Particulars ? ☐

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Is the Driver: Owner Driver(Self) ☐ Own Paid Driver ☐ Relative/Friend/Other \_\_\_\_\_

Driving License No  Validity \_\_\_\_\_

Authorized to drive: \_\_\_\_\_ Issuing Authority \_\_\_\_\_

## 4.) ADDITIONAL DETAILS IN CASE OF COMMERCIAL VEHICLE :

Spot Survey ? YES ☐ NO ☐

Permit No.: \_\_\_\_\_ Validity: \_\_\_\_\_ Issuing Authority \_\_\_\_\_

Fitness certificate validity: \_\_\_\_\_ Tax Upto: \_\_\_\_\_ Fare paying Passengers carried \_\_\_\_\_

Weight & Nature of Goods Carried \_\_\_\_\_ GR/LR No. \_\_\_\_\_

## 5.) INJURY/DEATH DETAILS & POLICE REPORT:

Police Report Lodged: Yes ☐ No ☐ If yes, FIR/GD No.: \_\_\_\_\_ dt. \_\_\_\_\_ PS Name: \_\_\_\_\_

Death/Injury to any occupant / Third Party (others) and/or Third Party Property Damage: Yes ☐ No ☐

Details in case of Death and/or Injury to Third Party/Occupants/Driver or damage to property: \_\_\_\_\_

## 6.) DECLARATION :

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 if 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 right to recover there-under in respect of past or future accidents shall be forfeited. I understand that the company reserves the right of verification of facts and documents relating to policy and the claim.

Place:

Date: / /

N.B. Please attach a photocopy of your bank / cancelled cheque for NEFT purpose.

Signature of Insured

\*\* Only the insured can sign the claim-form.

National Insurance Company Limited

Registered Office:- 3, Middleton street, Kolkata-700071

Indemnifying without prejudice...!! RC

IRDA Registration No. 58

# National Insurance Motor Claim Form

**RJ Shavelson**



## National Insurance Motor Claim Form:

### NICL Assistant Exam PDF-National Insurance Company Ltd-Assistant Preliminary Plus Main Exam PDF

Chandresh Agrawal, Nandini Books, 2024-11-02 SGN The NICL Assistant Exam PDF National Insurance Company Ltd Assistant Preliminary Plus Main Exam PDF Covers All Sections Except Current Affairs *Protective National Insurance Company of Omaha v. City of Woodhaven*, 438 MICH 154 (1991), 1991 85180 *Pappas v. Central National Insurance Group of Omaha*, 400 MICH 475 (1977), 1977 57582 **Motor Accident Claims: Law & Procedure** Dr. Janak Raj Jai, 2010 *Illinois National Insurance Company V. Palmer*, 1983 **"Code of Massachusetts regulations, 2013"**, 2013 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 **"Code of Massachusetts regulations, 2000"**, 2000 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 *United National Insurance Company V. Entertainment Group, Inc*, 1991 Report on the Administration of the National Insurance Act, Part I (Health Insurance). Great Britain. National Health Insurance Joint Committee, 1913 Annual [Insurance] Report New Jersey. Dept. of Banking and Insurance, 1921 **"Code of Massachusetts regulations, 1997"**, 1997 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 *The Sale Catalogues of British Government Publications, 1836-1921* Great Britain. Her Majesty's Stationery Office, 1977 *Report of the Insurance Department of Iowa* Iowa. Insurance Department, 1918 *Legislative Documents Submitted to the ... General Assembly of the State of Iowa* Iowa. General Assembly, 1923 **Tackling Insurance Fraud** Lynne Skajaa, Dexter Morse, 2020-11-25 Insurance fraud is a growing problem on a global scale The ABI estimates that fraudulent insurance claims on motor and household policies alone cost insurers in excess of 1 billion every year This book provides an analysis of the insurance industry's response to the problem and examines fraud from legal and practical perspectives to determine how to manage and reduce fraud Key issues covered include fraud in the insurance and reinsurance context a look at industry wide initiatives and individual insurance companies approaches to the problem consideration of recent legal developments and a look at how insurance fraud is tackled in other jurisdictions Includes a chapter on marine insurance fraud **"Code of Massachusetts regulations, 2010"**, 2010 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 *Quarterly List of Parliamentary Publications* Great Britain. Her Majesty's Stationery Office, Great Britain. His Majesty's Stationery Office, 1915 *Post Magazine and Insurance Monitor*, 1928 **Best's Insurance Reports**, 1923 **Hazell's Annual**, 1912

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## **Table of Contents National Insurance Motor Claim Form**

1. Understanding the eBook National Insurance Motor Claim Form
  - The Rise of Digital Reading National Insurance Motor Claim Form
  - Advantages of eBooks Over Traditional Books
2. Identifying National Insurance Motor Claim Form
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in a National Insurance Motor Claim Form
  - User-Friendly Interface
4. Exploring eBook Recommendations from National Insurance Motor Claim Form
  - Personalized Recommendations
  - National Insurance Motor Claim Form User Reviews and Ratings

- National Insurance Motor Claim Form and Bestseller Lists
- 5. Accessing National Insurance Motor Claim Form Free and Paid eBooks
  - National Insurance Motor Claim Form Public Domain eBooks
  - National Insurance Motor Claim Form eBook Subscription Services
  - National Insurance Motor Claim Form Budget-Friendly Options
- 6. Navigating National Insurance Motor Claim Form eBook Formats
  - ePub, PDF, MOBI, and More
  - National Insurance Motor Claim Form Compatibility with Devices
  - National Insurance Motor Claim Form Enhanced eBook Features
- 7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of National Insurance Motor Claim Form
  - Highlighting and Note-Taking National Insurance Motor Claim Form
  - Interactive Elements National Insurance Motor Claim Form
- 8. Staying Engaged with National Insurance Motor Claim Form
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers National Insurance Motor Claim Form
- 9. Balancing eBooks and Physical Books National Insurance Motor Claim Form
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection National Insurance Motor Claim Form
- 10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
- 11. Cultivating a Reading Routine National Insurance Motor Claim Form
  - Setting Reading Goals National Insurance Motor Claim Form
  - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of National Insurance Motor Claim Form
  - Fact-Checking eBook Content of National Insurance Motor Claim Form
  - Distinguishing Credible Sources

13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
14. Embracing eBook Trends
  - Integration of Multimedia Elements
  - Interactive and Gamified eBooks

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