

CLAIM FORM

The Issue of this claim form is not be taken as an admission of liability

Note:

- i] Inform Company of the loss without any delay, keeping in mind the timelines specified in the Policy.
Claims can be intimated on our Toll free 1800 266 7780 / Email: General.Claims@tataaig.com / Website : www.tataaig.com
- ii] Please do not delay dispatch of this form for unavailable information, which can be sent later.
- iii] If space is not sufficient in any of the column, please attach separate sheet (s).

1. Policy no.:	_____	Policy Period: From _____ to _____
2. Claim no.:	_____	Claim dated: _____
3. Insured name:	_____	
4. Address:	_____	
City:	_____	State: _____ PIN code: _____
5. Contact:	Mobile: _____	_____
	Email Id: _____	_____
6. Vehicle Make/ Model:	_____	
7. Year of Manufacture:	_____	
8. Vehicle Registration no.:	_____	
9. Chassis Number:	_____	Kilometre's Covered: _____
10. Is the vehicle pre-owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. If Yes, kindly mention Owner Serial number	_____	
12. Date of Re-purchase:	_____	
13. Brief Description of Incident:	_____ _____ _____	
14. Name of the part /s required for replacement / repairs:	_____	
15. Estimated Cost of Replacement / repairs:	_____	
16. Date when the defect / complaint was first noticed by the Insured:	_____	
17. Was the above defect/ complaint notified to the Authorized Dealer / Service Centre:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. If Yes, when was it notified to the Dealer / Service Centre	_____	
19. Name of the Dealer/ Service Centre where it was notified earlier:	_____ _____	

AUTO EXTENDED WARRANTY POLICY



WITH YOU ALWAYS

20. Date & Time when vehicle reported to Workshop for present claim: _____

21. Name of the Dealer / Service Centre: _____

22. Vehicle Service History Attached: Yes No

The Company reserves the right to call for any other additional information / documents as may be deemed necessary to establish the cause, admissibility and extent of loss.

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 the foregoing statement in every respect, and if I/We have made, or in any further declaration the Company may require in respect of the said incident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future incidents shall be forfeited.

I understand that the Company reserves the right of verification of facts and documents relating to the policy and claim.

I/We authorize the insurance company, or any of its authorized representatives to collect, as are relevant to verify the facts of the loss,

Date: _____

Place: _____

Signature of the Insured / Certificate Holder: _____