

MOTOR INSURANCE

CLAIM FORM

Please complete this form and tick the relevant items. This form is a part of your Claim application. If your form is incomplete it might cause a delay in claim registration and process.

1. Insured Details		
1. Full Name	<input type="text"/>	
2. Policy Number	<input type="text"/>	
3. Claim Reference Number	<input type="text"/>	
4. Contact Number	<input type="text"/> Email ID: <input type="text"/>	
2. Vehicle Details		
1. Vehicle Number	Make: <input type="text"/>	Model: <input type="text"/>
3. Loss Details		
1. Police Report Number	<input type="text"/>	
2. Date & Time of Loss	DD/MM/YYYY: <input type="text"/>	AM/PM <input type="text"/>
3. Loss Location	<input type="text"/>	
4. Driver at the Time of Accident/Loss		
1. Driver Full Name	<input type="text"/>	
2. Relationship with Vehicle Owner	<input type="text"/>	
3. DL Number	<input type="text"/>	



TM

5. Damage Details

1. How did the accident/loss happen? Please explain in detail.

2. Please confirm whether the vehicle was being driven or was parked while the incident happened? Driven Parked

3. Describe the level of water, based on your vehicle.

Upto Tire Up to Hood / Windscreen Fully Submerged

4. Did the water enter the cabin of the car? Yes No

5. When (Date) & how (Mode of transportation) & Where (Residence or Repairer) was the vehicle moved from accident location? (Please explain in detail).

6. Did you try to start the Vehicle? If Yes, how many times? Yes No

7. If started, did you drive the vehicle? Yes No

9. What are the damages you observed in the vehicle after the accident?

10. Have you ever claimed for water entry damages for any of your vehicles before? If yes, please share details. Yes No

11. Please enclose any photos/ Videos taken at the location, if any.

12. Any other information you want to specify.



TM

6. Declaration

I confirm that all particulars filled are true, accurate and complete in all respect and that I have not misrepresented or concealed any information in relation to the claim. I confirm that all provided details/documents/ submitted/uploaded documents are true copy(ies) of the original documents. I confirm that I understand that (i) any person, who intentionally conceals, makes false or misleading statement to obtain claim reimbursement, is subject to penalization and legal action, and the claim/policy will be denied and/or considered null and void (ii) submission or acceptance of claim form does not constitute acceptance of liability by the Insurer.

I hereby authorize Sukoon Insurance PJSC ("Sukoon") to (a) process, store, disclose my personal information for claim processing or as may be required by Sukoon in accordance with Sukoon's data privacy policy as published on <https://www.sukoon.com/privacy-policy> (b) to use alternate claim payout options if required; (iii) to contact me anytime and through any medium for providing claim/other insurance products information. This authorization even if signed through digital means shall be as considered as valid and as original.

Full Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---