**Damage / Theft Report**

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| **Company Name** |  | **Vehicle No.** |  |
| **User / Employee Name** |  | **Contract No.** |  |
| **User / Employee No.** |  | **Vehicle Make** |  |
| **Date of Accident** |  | **Vehicle Model** |  |
| **Place of Accident** |  | **Time of accident** |  |
| **Present Mileage** |  | **Speed of vehicle (at the time of accident)** |  |
| **Driver Details** | **FIR Details (If FIR filed)** |
| **Driver Name (At the time of Accident)** |  | **FIR No.** |  |
| **Driving License Number** |  | **FIR Date** | DD / MMM / YY |
| **License Valid up to** |  | **Address of Police Station** |  |

**ATTENTION**

* Copy of Registration Certificate & Driving License must accompany this report form.
* Fill up separate form for separate incident of damage
* Damage to the vehicle that is not justified because of the above accident will not be covered in the claim
* Please provide FIR/Police Intimation (if there is a third party or animal injury, intentional scratches or damage done to the car, any damage involving a government property) wherever required else the claim may get rejected
* Wherever FIR is mandatory (theft / attempted theft / malicious damage / major damage / third party damage), repairs will not commence unless FIR is provided
* If Insurance disallowance is not a part of your contract, please settle the same with the dealer at the time of delivery
* Damages which are more than 15 days old may require a delay Intimation and also a justified cause of damage.
* This form needs to be signed & faxed / Emailed (Scan copy) within 48 hrs of occurrence of the incident.
* The above information is correct and true to the user's knowledge.

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| BRIEF DESCRIPTION OF ACCIDENT |

**Date: (Name & Signature)**