Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606
Email: care@libertyinsurance.in

IRDA registration number: 150 • CIN: U66000MH2010PLC209656



MOTOR INSURANCE CLAIM FORM PRIVATE CAR/TWO WHEELER/COMMERCIAL VEHICLE

ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Important Instructions

- a. Claim Form to be filled in capital letters and signed by the Insured.
- b. The damaged vehicle must be parked at a safe place to avoid any subsequent loss / theft.
 c. Please submit the documents as mentioned on the reverse of this form*.
 d. Please do not leave any column unanswered. Mention "N/A", if not applicable.

If any information is not readily available please do not delay the dispatch of this form and other particulars may be sent later

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Liberty General Insurance Limited
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Email: care@libertyinsurance.in
IRDA registration number: 150 ◆ CIN: U66000MH2010PLC209656



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