

CLAIMS PROCEDURE

FOR

MOTOR INSURANCE



Alliance Insurance Corporation Limited

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1. CLAIM PHILOSOPHY :

“TOTAL CUSTOMER SATISFACTION”

By

→ Accuracy

→ Speed &

→ Fairness

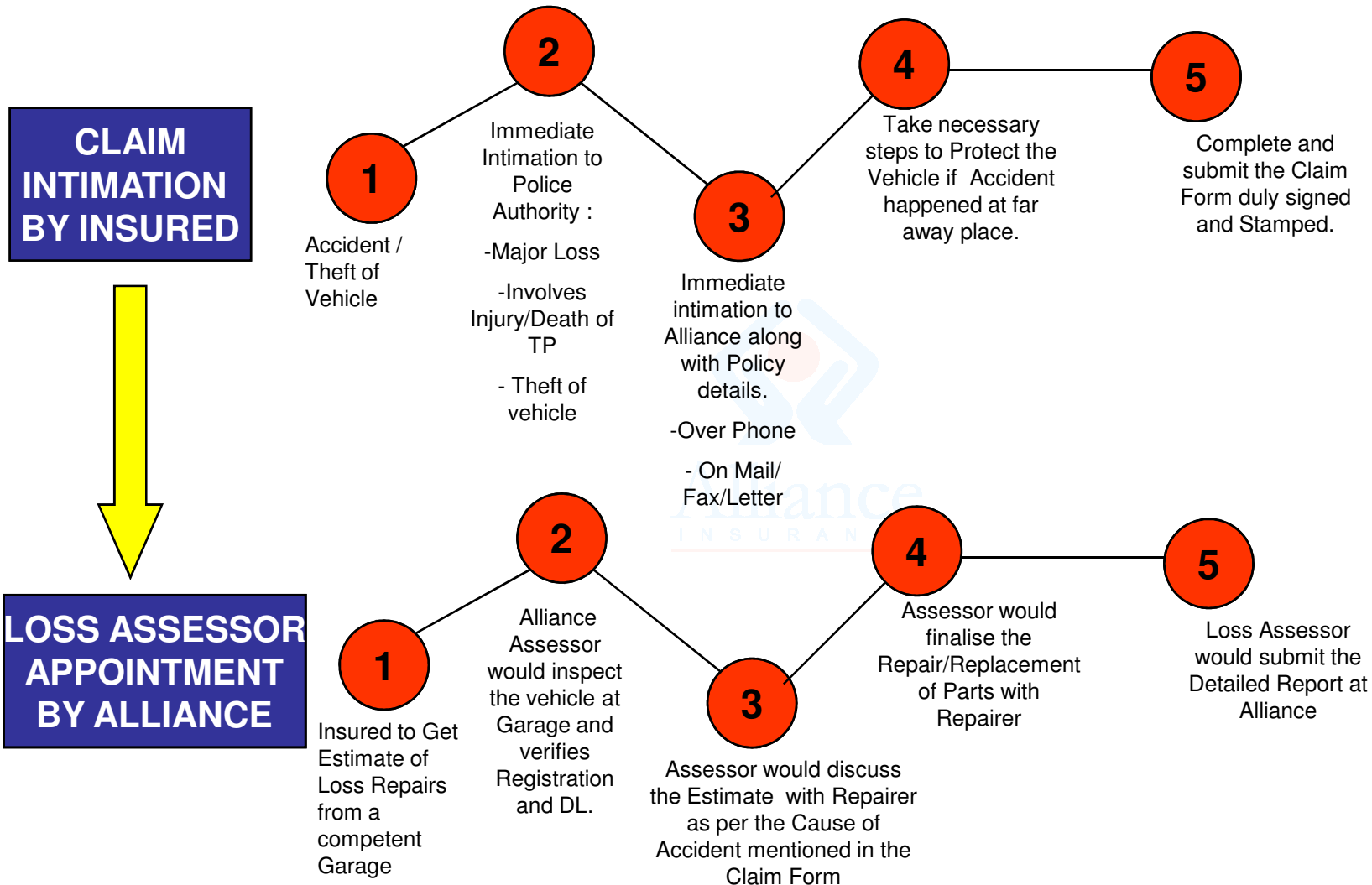
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- Immediate Response
- Quick appointment of Assessors
- Fast Processing of claim
- Guiding the Insured with Empathy.



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2. STEPS INVOLVED IN A CLAIM



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Important Points

- IMMEDIATELY REPORT TO POLICE –WHETHER OWN DAMAGE OR THEFT
- COLLECT VEHICLE INSP.REPORT SKETCH MAP & PF 90/ PF 115
- SHIFT DAMAGED VEHICLE TO GARAGE-IF ENGINE DAMAGED DO NOT DRIVE -USE TOWING VEHICLE.
- IF DRIVER INJURED –ARRANGE FOR PROTECTION OF VEHICLE . SHIFT INJURED DRIVER /OCCUPANTS TO HOSPITAL.
- SUGGESTED TO SHIFT VEHICLE TO NON-DEALERS TO PREVENT BETTERMENT. OBTAIN REPAIR ESTIMATE FROM GARAGE.

INTIMATE TO ALLIANCE ON CLAIM INTIMATION FORMAT BY MAIL/FAX WITHIN 72 HOURS OF ACCIDENT.



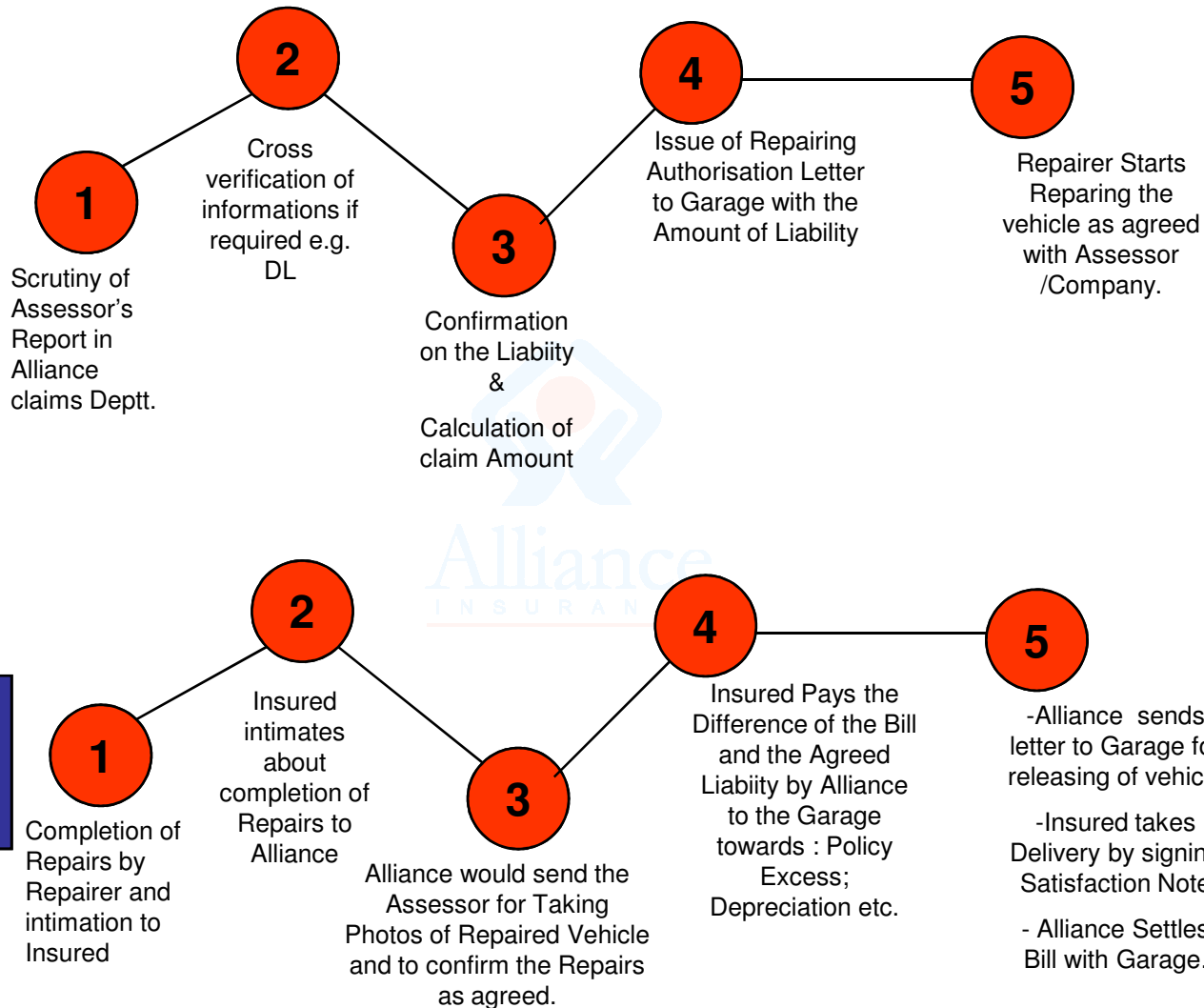
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STEPS INVOLVED IN A CLAIM

**REPAIR
AUTHORISATION
BY ALLIANCE**



**RELEASE OF
VEHICLE
AFTER REPAIR**



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3.CLAIMS INVOLVING THEFT OF VEHICLE

- IMMEDIATELY INFORM POLICE AND OBTAIN POLICE REPORT.
- INFORM INSURANCE CO.ON CLAIMS INTIMATION FORMAT.
- SUBMIT CLAIM FORM,POLICE REPORT & REGN.CARD, KEYS OF VEHICLE.
- ASSIST OUR INVESTIGATOR .
- OBTAIN & SUBMIT FINAL POLICE REPORT.
- ALLIANCE WILL SETTLE THE CLAIM AS PER P.A.V /S.I WHICHEVER IS LOWER ON COLLECTION OF ORIGINAL REGN.CARD/POLICY/ KEYS OF VEHICLE & LETTER OF SUBROGATION –DULY NOTORIZED.



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4.ACCIDENTS INVOLVING THIRD PARTY INJURIES /DEATH

- **REPORT TO POLICE IMMEDIATELY. FULL DETAILS OF ACCIDENT INCL. DATE PLACE, CAUSE OF ACCIDENT.**
- **INFORM INSURANCE CO.ON CLAIMS INTIMATION FORMAT.**
- **SUBMIT ALL DOCUMENTS LISTED ABOVE EXCL.REPAIRS ESTIMATE.**
- **FORWARD SUMMONS RECORD. IF ANY TO INSURANCE CO.IMMEDIATELY.**
- **DO NOT PAY ANY COMPENSATION TO ANY THIRD PARTY ON YOUR OWN AS IT IS NOT RE-IMBURSIBLE BY INS.CO.**



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5. IMPORTANT SUGGESTIONS

- **INSURED TO MAINTAIN SEPARATE FILES FOR ALL VEHICLES**
- **KEEP ALL VEHICLE IMPORT PAPERS/PURCHASE DOCUMENTS**
- **KEEP ORIGINAL REGN.CARD, POLICY , PREMIUM RECEIPT,PREV.INSURANCE COPIES.**
- **KEEP PHOTOCOPY OF D/L OF DRIVER DRIVING THE VEHICLE.ENSURE D/L IS VALID FOR THE CLASS OF VEHICLE & PERIOD.**
- **KEEP RECORD OF CLAIMS LODGED/PAID.**
- **PERIODIC REVIEW OF SUM INSURED OF EACH VEHICLE TO AVOID UNDER/OVER INSURANCE.**
- **NOTE OUR CONTACT DETAILS INCL.MOBILE NOS.**



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