

CLAIM FORM

The issue of this form does not constitute admission of liability.

Please keep in mind:

- i] Inform Company of the loss without any delay, keeping in mind the timelines specified in the Policy.
- 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).

Claim No: _____ Policy No: _____
Policy Period: From _____ To _____

Details of Insured:

1. Name: [Grid for Name]

2. Address: [Grid for Address] PIN: [Grid for PIN]

3. Contact Information:
Phone: Mobile [Grid] STD Code: [Grid] Number: [Grid]
Email: [Grid]

Details of Claimant:

1. Name: [Grid for Name]

2. Address: [Grid for Address] PIN: [Grid for PIN]

3. Contact Information:
Phone: Mobile [Grid] STD Code: [Grid] Number: [Grid]
Email: [Grid]

4. Coverage under which loss is claimed: (Please tick as applicable)

Base Cover	
1. Home Building	<input type="checkbox"/>
2. Home Contents	<input type="checkbox"/>
Inbuilt Cover	
3. Loss of Rent	<input type="checkbox"/>
4. Rent for Alternative Accomodation	<input type="checkbox"/>
Optional Covers	
5. Valuable Contents	<input type="checkbox"/>
6. Personal Accident Cover	<input type="checkbox"/>
Add-on Covers	
7. Add-on Cover 1	
8. Add-on Cover 1	

5. Cause of loss: (Please tick as applicable)

- 1. Fire 2. Explosion or Implosion 3. Lightning 4. Earthquake, volcanic eruption, or other convulsions of nature
- 5. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation 6. Subsidence, Landslide, Rockslide
- 7. Bush fire, Forest Fire, Jungle Fire 8. Impact damage 9. Missile testing operations
- 10. Riot, Strikes, Malicious Damages 11. Terrorism 12. Bursting or overflowing of water tanks, apparatus and pipes
- 13. Leakage from automatic sprinkler installations 14. Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events

