# **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:		 	_	Pc	olicy	No:	 	 			 	 _								
Policy Period: From	 	 				То	 	 			 	 _								
Details of Insured:																				
1. Name:																				
2. Address:																				
																] F	PIN:			
3. Contact Information:																				
Phone: Mobile							]	STD	) Co	de:			Nur	nbe	r:					
Email:																				
Details of Claimant																				
1. Name:																				
2. Address:																				
																] F	PIN:			
3. Contact Information:																				
Phone: Mobile							]	STD	O Co	de:			Nur	nbe	r:					
Email:																				

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

	Base Cover	r
	1. Home Building	
	2. Home Contents	
	Inbuilt Cove	er
	3. Loss of Rent	
	4. Rent for Alternative Accomodation	
	Optional Cove	ers
	5. Valuable Contents	
	6. Personal Accident Cover	
	Add-on Cover	ers
	7. Add-on Cover 1	
	8. Add-on Cover 1	
5.	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, F	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 1	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
	Page 1 of 3	3
	TATA AIG General Insurance	e Company Limited
	Registered Office: Peninsula Business Park, Tower- A, 15th Floor, G.K.	. Marg, Lower Parel, Mumbai – 400013, Maharashtra, India

24X7 Toll Free No: **1800 266 7780 | Fax: 022 6693 8170** | E-mail: customersupport@tataaig.com | Website: www.tataaig.com IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425



6. Loss details:		
Date of loss: D D M M Y Y Y Y	Time of loss: A	M/PM
Date of discovery: D D M M Y Y Y Y	Time of discovery: A	M/PM
Place of loss (Full address):		
7: A brief note on how the loss occurred / Incident Note.		
8: Has the fire / loss been reported to fire brigade and/or Police? Yes FIR No: Fire Brigade Reg	No No:	
9. Was the premise occupied at the time of loss?		
If no, since when it was unoccupied? D D M M Y Y Y Y		
10. State whether the property damaged, is Hypothecated / Financed / Leased / Hire (Name and address of the financier):	e purchase, If yes, please give details.	
11. Value of loss / amount of claim lodged(in ₹):		
12. Details of other policies covering the present loss:		
13. Details of previous losses, if any, under the current policy with this company or	similar policy under any other company:	
14. Details of witness - Name and address (if any):		
15. List of Items/property damaged: (As per annexure in Page 3).		

#### Disclaimer:

The Company reserves the right to call for any other additional information as may be deemed necessary to establish the cause, admissibility and extent of loss.

#### **Declaration by insured:**

- 1. I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.
- 2. I/We undertake that if any of the information given here, or in any statements made in future, is found to be false, fraudulent or if there is any misrepresentation or concealment of facts, the policy shall be void and all rights to past and present losses shall be forfeited.
- I/We authorize the insurance company, or any of its authorized representatives to collect, as are relevant to verify the facts of the loss, information/ documents including but not limited to certified copies of police report, statements of witnesses, medical records, suits filed, bank/ card statement, charge slips, card application form etc. this purpose.

Date:	D	D	Μ	М	Y	Y	Y	Y

Place:\_\_\_\_\_

Signature of the Insured

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### List of Items damaged

Sr No	Description on Property	No of units	Insured Value	Value claimed

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