

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: _____

2. Address: _____

PIN: _____
3. Contact Information:
Phone: Mobile _____ STD Code: _____ Number: _____
Email: _____

Details of Claimant:

1. Name: _____

2. Address: _____

PIN: _____
3. Contact Information:
Phone: Mobile _____ STD Code: _____ Number: _____
Email: _____

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

<input type="checkbox"/> 1. Home Building	<input type="checkbox"/> 2. Home Contents	<input type="checkbox"/> 3. Others:
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5. Cause of loss: (Please tick as applicable)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 1. Fire | <input type="checkbox"/> 2. Explosion or Implosion | <input type="checkbox"/> 3. Lightning | <input type="checkbox"/> 4. Earthquake, volcanic eruption, or other convulsions of nature |
| <input type="checkbox"/> 5. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation | <input type="checkbox"/> 6. Subsidence, Landslide, Rockslide | | |
| <input type="checkbox"/> 7. Bush fire, Forest Fire, Jungle Fire | <input type="checkbox"/> 8. Impact damage | <input type="checkbox"/> 9. Missile testing operations | |
| <input type="checkbox"/> 10. Riot, Strikes, Malicious Damages | <input type="checkbox"/> 11. Terrorism | <input type="checkbox"/> 12. Bursting or overflowing of water tanks, apparatus and pipes | |
| <input type="checkbox"/> 13. Leakage from automatic sprinkler installations | <input type="checkbox"/> 14. Others: | | |

6. Loss details:

Date of loss:

D	D	M	M	Y	Y	Y	Y
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 Time of loss: _____ AM/PM
Date of discovery:

D	D	M	M	Y	Y	Y	Y
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 Time of discovery: _____ AM/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 No

FIR No: _____

Fire Brigade Report No: _____

If no, please give reasons: _____

9. Was the premise occupied at the time of loss? Yes No

If no, since when it was unoccupied?

D	D	M	M	Y	Y	Y	Y
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10. State whether the property damaged, is Hypothecated / Financed / Leased / Hire purchase, If yes, please give details. (Name and address of the financier):

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.
3. 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	M	M	Y	Y	Y	Y
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Place: _____

Signature of the Insured

