

# CLAIM FORM

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

Policy No: \_\_\_\_\_

## A. INSURED

1. Name: \_\_\_\_\_  
\_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Pin Code: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

4. Period of Insurance: From: 

D	D	M	M	Y	Y	Y	Y
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 To: 

D	D	M	M	Y	Y	Y	Y
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5. Name of Supervising Engineer/Supervisor: \_\_\_\_\_

## B. PARTICULARS OF INCIDENT

1. Date & time of occurrence: \_\_\_\_\_

2. Place of kidnapping /Hijacking/ Extortion (name the nearest Railway Station/airport/ Landmark): \_\_\_\_\_  
\_\_\_\_\_

3. Details of the employee kidnapped/ hijacked:

- a) Name: \_\_\_\_\_
- b) Designation: \_\_\_\_\_
- c) Age: \_\_\_\_\_

4. Any specific demand by kidnapper?: \_\_\_\_\_  
\_\_\_\_\_

5. Whether Crisis consultant informed:  Yes  No

6. Whether informed to police , if yes:  Yes  No

Police station: \_\_\_\_\_

FIR no: \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
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7. Details of other expenses incurred: \_\_\_\_\_

C. DETAIL OF OTHER INSURANCES: \_\_\_\_\_  
\_\_\_\_\_

D. DETAILS OF PREVIOUS LOSSES: \_\_\_\_\_  
\_\_\_\_\_

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.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Insured