

# 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:** \_\_\_\_\_

\_\_\_\_\_ PIN: \_\_\_\_\_

STD Code: \_\_\_\_\_ Number: \_\_\_\_\_

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

<i>Base Cover</i>	
1. Home Building	<input type="checkbox"/>
2. Home Contents	<input type="checkbox"/>
<i>Inbuilt Cover</i>	
3. Loss of Rent	<input type="checkbox"/>
4. Rent for Alternative Accommodation	<input type="checkbox"/>
<i>Optional Covers</i>	
5. Valuable Contents	<input type="checkbox"/>
6. Personal Accident Cover	<input type="checkbox"/>
7. Terrorism Cover	<input type="checkbox"/>
8. Temporary Resettlement Expenses	<input type="checkbox"/>
9. Personal Liability	<input type="checkbox"/>
10. Accidental Damage – General Contents	<input type="checkbox"/>

**2. Address:**

**3. Contact Information:** Phone: Mobile

Email:

**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
- 15. Accidental damage

**6. Loss details:**

Date of loss: Time of loss: \_\_\_\_\_ AM/PM

Date of 

D	D	M	M	Y	Y	Y	Y
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 discovery: \_\_\_\_\_ Time of discovery: \_\_\_\_\_ AM/PM

Place of loss (Full 

D	D	M	M	Y	Y	Y	Y
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 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 4).**

**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

**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.

### List of Items damaged

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

Tata AIG Home Protect Policy UIN: IRDANI08RPPR00008V01202425