

**SHRIRAM GENERAL INSURANCE COMPANY LTD.**

**Plate Glass and/or Sanitary Fittings-Claim Form**

Claim No.

**A. INSURED**

1	Name	:	
2	Address	:	
3	Occupation	:	
4.	Policy No.	:	
5.	Period of Insurance	:	From                      To
6	Telephone Number	:	
7	E-mail	:	

**B. DETAILS OF THE PREMISES WHERE LOSS HAS OCCURRED**

1.	Address	:	
	City	:	Pin Code:
2.	What was the premise used for?	:	
3	Which portion of the premises was affected?	:	
4.	Whether the premises was under construction /vacant at the time of loss. If yes, since how many days?	:	

**C. DETAILS OF THE LOSS:**

1.	Date & Time of Loss.	
2.	Give brief details of how exactly the loss occurred. (Specify the Glass/ sanitary fitting damaged)	
3.	Amount of Loss	
4.	Initiatives taken for recovery of salvage	

**D. DETAIL OF OTHER INSURANCES**

	Give details of other Insurance's, if any, covering the present loss.	
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**E . DETAILS OF PREVIOUS LOSSES**

	Give details of Previous losses, if any, on the affected property.	
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I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles or properties described herein belong to me/us, with no other person having any interest therein, whether as Owner, Mortgage, Trustee or otherwise.

Place:

Date:

Signature of the Insured