

STANDARD FIRE AND SPECIAL PERILS POLICY

Claim Form

| ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY. | | | | |
|---|---|--|--|--|
| If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later. | | | | |
| 5 11 11 | | | | |
| Policy No. | | | | |
| Period of Insurance From D D M M Y Y Y Y To D D M M Y Y Y Y | | | | |
| | | | | |
| A. DETAILS OF INSURED/O | CLAIMANT | | | |
| 1. Name as per Policy | S U R N A M E | | | |
| 2. Address | Plot No/Door No. Building Name | | | |
| | Road Area | | | |
| | City Pincode | | | |
| | State State | | | |
| 3. Contact Details | Phone No. Mobile | | | |
| | E-mail Id | | | |
| 4. Brief Description of Business | | | | |
| /Office/Industry/Occupation | 1 | | | |
| | | | | |
| 5. Limits of Indemnity under the Policy (Rs.) | | | | |
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| B. DETAILS OF LOSS/ACCIDENT | | | | |
| 1. Date of Loss | D D M M Y Y Y Y Time of Loss : a.m./p.m. | | | |
| 2. Loss Location Address | Plot No/Door No. Building Name | | | |
| | Road Area | | | |
| | City Pincode | | | |
| | State State | | | |
| 3. Contact Details of person/s at Loss Location | | | | |
| Name | SURNAME MIDDLENAME FIRSTNAME | | | |
| Relationship with Insured | | | | |
| Contact Details | Phone No. Mobile | | | |
| Contact Dotain | E-mail Id | | | |
| 4. Describe Cause of | | | | |
| Loss/Damage | | | | |
| 5. Estimated Loss (Rs.) | | | | |
| a) Building | b) P&M c) FFF | | | |
| d) Stocks | e) Others 1 f) Others 2 | | | |

WITNESS DETAILS 1. Were there any witnesses to the loss/accident? No If 'Yes', 2. Name as Person/s 3. Address Plot No/Door No. **Building Name** Road Area City Pincode State 4. Contact Details Phone No. Mobile E-mail Id INFORMATION TO AUTHORITY No 1. Has the loss been reported to an Authority? Yes If 'No', reason for not reporting If 'Yes', provide details Fire Police Municipality Other 2. Name of Authority Date 3. Information Report No./ Authority Reference No. \bigcup R Contact Person/s Plot No/Door No. **Building Name** 5. Address Road Area City Pincode State Mobile 6. Contact Details Phone No. E-mail Id C. DETAILS OF OTHER INSURANCE 1. Is the loss/damage covered under any other Insurance? No Yes If 'Yes', specify details and attach a copy of the policy 2. Name of Insurer 3. Address Plot No/Door No. **Building Name** Area Road City Pincode State Contact Details Phone No. Mobile E-mail Id 5. Policy No. From То Period of Insurance

7. Sum Insured (Rs.)

| D. DETAILS OF OTHER INTEREST | | | | |
|---|--|---------------------|---------|--|
| 1. Is the Insured the Sole Ov | vner of the property? | Yes | No | |
| If 'No', specify | | | | |
| 2. Nature of Interest | | | | |
| 3. Person/s who has/have interest on property | | | | |
| 4. Address | Plot No/Door No. Buildin | ng Name | | |
| | Road Area | | | |
| | City Pincoc | le | | |
| | State | | | |
| 5. Contact Details | Phone No. Mobile | | | |
| | E-mail Id | | | |
| | | | | |
| E. DETAILS OF PREVIOU | S LOSSES | | | |
| Losses during the 3 preceding | g years | , | | |
| Date of Loss | Claim Description and Cause of Loss | Value of Loss (Rs.) | Insurer | |
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| | | 1 | | |
| F. DETAILS OF OTHER IN | IFORMATION | | | |
| Do you wish to provide any other information? | | | | |
| If 'Yes', specify | | | _ | |
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| I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We | | | | |
| agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there | | | | |
| | ture loss/accident shall be forfeited. | - | - | |
| | | | | |
| Place | Signature of Insur | ed/Claimant | | |
| Date: D D M M Y | Y Y Y Name of Insured/ | Claimant | | |