

### Need to claim? We won't play the claim game!

We're really sorry about the loss, and hope that you and your employees are fine.  
Now #TakeUsForGranted to make your claim our top priority, and get back to you quickly.

(Issuance of this claim form is not to be taken as an admission of liability)

1. All fields in the form are mandatory
2. If any detail or information is not readily available, please send it later, but don't let it delay your claim.

Policy Number:

Claim Number:

#### Your details

Insured Name:

Address:

City:  State:  Pin Code:

Contact Number:  Mail ID:

#### About the loss you suffered

Date & Time of loss/occurrence:           Place:

Contact details of person/s at Loss location:           Name:

Relationship with Insured:  Contact details:

Email ID:

Description of Cause & Extent of Loss:

#### An estimate of the loss

Sr. No.	Description of the property claimed	Sum Insured (INR)	Amount Claimed (INR)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### General

1. Has the loss or damage been reported to the Police/Fire Brigade? Yes  No

If yes, please attach a legible copy of FIR/Fire Brigade report.

2. Has the loss/damage been caused due to AOG perils like flood, cyclone, earthquake etc? Yes  No

If yes, please attach a copy of report from the meteorological department/newspaper clipping.

3. Is there any other insurance covering the present loss? Yes  No

If yes, please provide name(s) of Insurer(s), policy number and policy copy

4. Have you ever suffered loss or damage in the past? Yes  No

If yes, please share the Date, Amount of Loss & Name of Insurer

