

(This claim form is not an admission of our liability)

Please fill up all the fields in this form

If you don't have any of the information, send the form anyway, and send the missing details later

**Policy Number:**

**Claim Number:**

**Your details:**

Name:  Contact no.:

Address of the Insured:

City:  State:  Pin Code:

Email ID:

**Details**

1.	Section/combination of sections under you are claiming	
2.	Location of the Property	
3.	Description of property damaged	
4.	Date and time of the incident	
5.	What is the loss and how did it happen? If you need, you can use an extra sheet for the details	
6.	Is the damaged item under any guarantee from the supplier/manufacturer/repairer? If so, mention the nature of guarantee and the period	
7.	Will repairs be carried out? If yes, give us the name of the repairer and the address where repairs will happen	
8.	Please indicate the estimated repair charges and repair time required.	
9.	Are existing buildings or surrounding property damaged?	
10.	What's the salvage value of the damaged item/s?	
11.	Where can the damaged item/s be checked?	
12.	If the loss was because of Burglary, Theft or Fire, which police station was informed/visited to register the FIR? Please provide a copy of the FIR along with the other documents	
13.	Please share any other details relevant to the damage	
14.	Do you or anyone else have any other insurance covering the same loss or a part of it? If so, please give us the detail	
15.	If there are any more details/documents that you think are relevant, please share them with us.	



**DISCHARGE VOUCHER**

**Claim Number:**

We've received the Cheque/NEFT/RTGS/IMPS number: \_\_\_\_\_ dated:  in favour of \_\_\_\_\_ from M/s Edelweiss General Insurance Co. Ltd., for the sum of ₹  (Rupees \_\_\_\_\_) towards FULL AND FINAL settlement of our above mentioned claim under Policy number  with respect to the loss/ damage caused to our Insured Property on

The assessment has been explained to us in detail and the assessment sheet has been shared with us. I/ We have agreed to the assessment thus made and thereby, agreed to the above mentioned payment particulars. I/ We, in accordance, discharge Edelweiss General Insurance Company Limited from any and all liabilities with respect to the above mentioned claim in full & final and also subrogate all my/ our rights to Edelweiss General Insurance Company Limited with respect to the above mentioned.

Date:

Place: \_\_\_\_\_

Signature of Insured

\_\_\_\_\_  
Stamp, where the Insured is a juristic person