

Issuance 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.

Policy Number:

Claim Number:

Insured / Claimant Details

Insured Name: Correspondence Address:

City: State: Pin Code:

Contact No. 1: Contact No. 2:

Mail ID:

Loss Details

1	Date & Time of Occurrence	
2	When the loss was discovered and by whom	
3	Brief description of the accident/loss: Describe the circumstances of loss how the entry in to the premises was effected	
4	State the evidence of forcible entry/exit from the premises	
5	Details of police complaint and date & time or reporting to Police. Provide the FIR Number and Police station details	
6	Give the details of suspects, If any	
7	Did the police authorities detain any one? If yes please provide the details	
8	Provide the details of the security arrangements for the premises affected like Burglary Alarm, camera and armed guard etc	
9	If guarded by a security person, was the guard armed and whether on duty at the time of incident?	
10	If installed with alarm or security system, was the same activated during the incident?	

Loss Premises Details

1	State the address of the premises at which the loss occurred.	
2	Premises occupied as	
3	Whether the premise was occupied at the time of the Burglary? If not, at what date and time was it last occupied?	
4	Are you the sole owner of a. The property lost or damaged? b. The Premises	
5	Are you responsible for repairs of the premise	
6	What is the total value of the property upon the premises at the time of loss	
7	Has there been any alteration in the occupation or use of the premises since the policy was taken up?	
8	Is there any other insurance in force providing cover for this loss or damage?	

9	Please provide the full details of fire insurance and attach policy copy.	
10	Have you ever suffered a loss in the past? If yes please provide the details	
11	Are there any steps taken to prevent a recurrence? If yes please provide details.	

Claim Details

Sl No.	Property /Item Lost/ Damaged	Amount Insured	Amount Claimed

Bank details for NEFT payment (Please attach a cancelled cheque)

Bank Name: _____ Branch name: _____
 IFSC Code:
 Account Number:

Declaration

I/We declare that I/We has/have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belongs to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the policy. I/We agree to provide additional information to the company, if required. I/We understand that any statement/part of statement found false/- fraudulent or any suppression of facts observed the policy shall be void and all the rights to recover there under in respect of past or future accident shall be forfeited.

Signature of Insured:

Date :

Place: _____

List of Documents

General documents - All Claims

- | | |
|---|--|
| 1. Policy copy | 7. Invoices both purchases & sales /stock transfer |
| 2. Duly filled & signed claim form by Insured | 8. Previous Balance Sheet |
| 3. Police FIR | 9. Other account papers |
| 4. Police Final Report | 10.Subrogation |
| 5. Incident report with witness details | 11.Indemnity Bond |
| 6. Stock Registers | |

*The above list is general requirement and if anything specific based on the claim may be advised by the Surveyor/Insurer.