

ISSUANCE OF THIS FORM IS NOT A PROOF OF ADMISSIBILITY OF LIABILITY

- Please read this claim form fully before answering the questions.
- The claim form is to be completed and signed by authorized person of Insured
- All questions must be answered as fully as possible. Please use additional sheets, if necessary and copies of relevant documentation should be attached.

DETAILS OF INSURED

1. Name

2. Address for correspondence

3. Policy Number Claim Number

4. Contact Number Email ID

DETAILS OF LOSS

1. Time: _____ Date of Loss:

2. Cause of Loss: _____

3. Items affected (give description): _____

4. Occupation of the premises at the time of Loss: _____

5. Has the Loss been reported to Fire Brigade? (If not, give reasons): _____

6. Has the Loss been reported to Fire Police? (If not, give reasons): _____

7. Address where the loss can be inspected: _____

8. Extent of Loss : _____

9. State whether the item damaged was under any guarantee from suppliers/ manufacturer repairer. If so, the nature guarantee and the period: _____

10. Did the equipments(s) sustain any damage in any pervious accident? If so, please provide details _____

11. Have the repair been put in hand? If so give name and address of repairs: _____

12. Any additional information relevant to processing of claim: _____

BANK DETAILS & DOCUMENTS

a) Details of Bank Account of the Insured :

Name of Bank Account Holder

Bank Account No.

Name of Bank: Branch:

MCR Code: IFSC Code:

Account: Saving Current

Attachments in support of Bank Details (Please tick the type of proof submitted) Canceled Cheque Bank Passbook copy

I/We wish:
Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*
*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

