



# Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

## FIRE INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

### A. INSURED

Name	_____
Address line 1	_____ City _____ Pin Code _____
Address line 2	_____ State _____
Phone No.	_____ Mobile No. _____ Email _____
Business/Occupation	_____ Period of Insurance From ____/____/____ To ____/____/____
Limits of Indemnity under the Policy	_____

### B. DETAILS OF LOSS

Date of Loss ____/____/____	Time ____:____ AM / PM
<b>LOSS LOCATION</b>	
Address line 1 _____	
Address line 2 _____	
City _____	State _____ Pin Code _____
Phone No. _____	Mobile No. _____ Email _____
Describe cause of Loss/Damage _____	
Estimated Loss (Rs.) (a) Building _____ (b) P & M _____ (c) FFF _____ (d) Stocks _____	
<b>WITNESS DETAILS</b>	<b>INFORMATION TO AUTHORITY</b>
Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have any authority been informed about <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", specify	Accident / Loss? If "Yes", specify
Name of the witness _____	Name of the Authority _____
Address line 1 _____	Contact Person _____
Address line 2 _____	Authority reference no. _____
City _____	Address line 1 _____
State _____	Address line 2 _____
Pin Code _____	City _____ State _____
Phone No. _____	Pin Code _____
Mobile No. _____	Phone No. _____ Mobile No. _____
Email _____	Email _____

### C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Insurer _____	
Address line 1 _____	
Address line 2 _____	
City _____	State _____ Pin Code _____
Phone No. _____	Mobile No. _____
Policy No. _____	Email _____
Period of Insurance From ____/____/____ To ____/____/____	Amount of Insurance _____

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If "No", specify details

☐ Yes ☐ No

Nature of Insured interest

Person/s who has interest on property

His nature of interest

Address line 1

Address line 2

City

State

Pin Code

Phone No.

Mobile No.

Email

E. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

F. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?

☐ Yes ☐ No

If "Yes", specify

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 in any further declaration, the Company may require in respect of the said loss, shall make 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 thereunder in respect of past or future loss/accidents shall be forfeited.

Place:

Signature:

Date:

Name of Insured: