Liberty Videocon General Insurance Company Limited

10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606
Email: care@libertyvideocon.com



CLAIM FORM BURGLARY INSURANCE

ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

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Policy Number Period of Insurance

- a. Claim Form to be filled in capital letters and signed by the Insured. b. Please submit the documents as mentioned at the end of this form*.
 c. Please do not leave any column unanswered. Mention "N/A", if not applicable.
- d. Take all reasonable precautions to prevent / reduce further loss, damage or liability.
- e. Preserve any damaged or defective property or parts for inspection by the surveyor.
- f. Hold liable in writing any third parties believed to have caused loss / damage.
- g. If any detail or information is not readily available, please do not delay the dispatch of this form.

to

Ciaim Number		
A. DETAILS OF INSURED/CLAIMANT		
lame as per policy		
ddress		
ty State	Pin Code	
ontact Number : Phone STD Code No.	Mobile + 9 1	
-mail ID		
rief Description of Business / Office / Industry / Occupation		
B. DETAILS OF LOSS / ACCIDENT		
a) Date of Loss ddd/mm//yyyyy b) Time of Loss hh	: m m A.M. / P.M.	
c) Reasons for delay in reporting the claim, if any		
Loss Location		
ddress		
ity State	Pin Code	
ity State State	1 iii code	
. Describe Nature and Cause of Loss / Damage		
. Estimated loss Rs. Building Stock F&F	Cash & Currency Others	
. a) Was theft of property after actual forcible and violent entry into the premises?	□ (Yes)* □ (No)	
b) Was theft of property after actual forcible and violent exit from the premises?	□ (Yes)* □ (No)	
c) Was there any 'hold-up'?	□ (Yes)* □ (No)	
d) Was any portion of the premises damaged?	□ (Yes)* □ (No)	
e) Was there any loss of cash from a secured safe?	□ (Yes)* □ (No)	
f) Who had the keys to the safe or any duplicate thereof at the time of loss?		
g) Was the loss discovered at the time of stock taking / checking?	☐ (Yes)* ☐ (No)	
	, ,	
*Please provide details		
. Is there any prospect of recovery? $\ \square$ (Yes) $\ \square$ (No)		
If 'Yes', please attach details of correspondence exchange of the liable parties		
WITNESS DETAILS (Please attached statement of witnesses)		
Were there any witnesses to the loss / accident? \Box (Yes) \Box (No), If 'Yes', Na	me of Person(s)	
1	Phone No	
2	Phone No	

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Has the loss bee	n repo	rted	to a	an A	Auth	ori	ty?			Fire	е В	riga	de			Ро	lice			Mι	unic	cipa	lity			Lal	oou	r Au	itho	rity			Ot	ners	;
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* INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

- 1. Claim Form
- 2. First Information Report and Final Police Report
- 3. Books of Accounts and Inventory Register
- 4. A list of all stolen and damaged items along with its intrinsic value and amount damage sustained
- 5. Letter of Indemnity
- 6. No Objection Certificate from the financier if claim is to be settled in your favour
- 7. Claim Bill with supporting documents (Original Repair / Replacement Bills)

^{*} Additional documents required by insurer if any, will be intimated to you as and when required