



Claim Form for _____

(TO BE FILLED AND SIGNED BY OWNER OF INSURANCE)

(Issuance of this form is not to be taken as an admission of liability. Please answer all questions fully)

Details for Policy Holder

Policy no: _____
Full name: _____
Gender: _____
Date of birth(mm/dd/yyyy): _____

Address Information

Permanent address: _____
Zip code: _____
Email address: _____
Phone number: _____

Additional Details

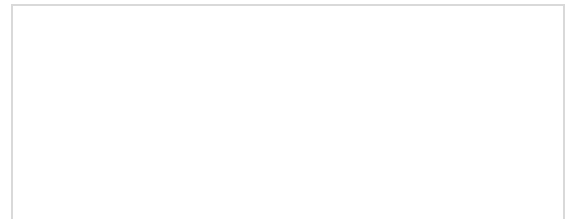
Insured object: _____
ID proof: _____
Damage details: _____

☐ By signing below, I acknowledge and agree to the following terms and conditions for submitting an insurance claim:

1. I understand that I must file the claim within the time limit specified in my insurance policy.
2. I certify that all information provided on this claim form is true and complete to the best of my knowledge.
3. I agree to cooperate fully with the insurance provider in the investigation of the claim, including providing additional information or documentation as requested.
4. I understand that the insurance provider may deny or delay the claim if any information provided is found to be false or misleading.
5. I authorize the insurance provider to obtain any necessary information related to the claim, including medical records, police reports, or other documentation.
6. I agree to provide any assistance needed by the insurance provider to pursue subrogation against any responsible parties.
7. I understand that any payment made by the insurance provider will be made in accordance with the terms and conditions of my insurance policy.

Insured name: _____

Date & Place: _____



(Signature/Thumb impression of Insured)