

	Claim form - Property						
	A. Notes						
		<Fill in all the questions>					
	B. Details of the Insured						
		How did you purchase the insurance policy					
		Brokers	Insurance Platforms	Direct	Others		
		Policy Number	<Number>				
		Name of the Insu	<Insured Name>				
		Address					
		Contact Person	<Name>				
		Tel No	<number>				
		Email	<mail id>				
	C. Details of the Incident						
		Date & Time of Loss / Damage					

		Date	<date>				
		Time	<time>				
			am/pm				
		Place of incident/accident					
		Detailed description of the incident					
		Did the same type of incident or similar incident happened before					
		Yes	No				
		If Yes, provide details					
		Was another person/3rd party responsible for the loss or damage					
		Yes	No				
		If Yes, provide details					
		Name	<>				
		Tel No	<>				
		Email	<>				

		Address	<>				
	D. Details of the police or other authority						
		If the case was reported to police or other authority, provide following information					
		Name and address of police station / other authority reported to					
		Report No					
		Date of Report					
		Please attach following documents with this claim form					
		Letter of consent					
		Copies of report / statement from the police/other authority, if applicable					
	E. Property Details						
		Are you the landlord or tenant					
		Landlord (self us	Landlord ( leased out)	Tenant			
		Is the insured property with mortgages					
		Yes	No				
		If yes provide details of mortgage					

		If you are tenant, provide the correspondence address				
	F. Damage/ Loss of Property					
		Was/ were there any visible mark(s) of forcible entry and/or exit at the insured premises				
		Yes	No			
		Lost Damaged Items				
		Description of article ( including cash)				
		Name of vendor				
		Make & Model				
		Date & Price of purchase				
		Pre-accident market value				
		Extent of damage				
		Claim Amount				
		Repair cost or				
		Replacement cost				
		If the property is not owned by the insured, please provide the owner's name & with your relationship				

		Please attach,			
		Original photographs depicting the damaged items			
		Competitive quotation of repair of the damaged items			
		Original purchase invoices(s) and payment receipt of the lost or damaged item(s)			
		Report issues by Management company, if applicable			
	G. Other Insurance Details				
		Was there any other insurance covering this accident at the time of occurrence			
		Yes	No		
		If yes, provide details			
		Name of the Insurer			
		Type of INSurance			
		Policy No			
		Claim No			
	H. Payment Mode				
		Direct Credit			
		Option 1			
			By Direct credit		
			Provide bank account details		
			Name account holder		
			Bank account information		

				Bank code	Bank A/C No		
		Option 2	Cheque				
	I. Declaration & Authorization						
		Red the conditions & declarations					
		Signature of the Insured / Insured person					
	J. Explanatory notes						