



## THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd. & Head Office , New India Building, 87,  
Mahatma Gandhi Road, Fort, Mumbai - 400 001

### Claim Intimation letter

Intimation No.XXXXXXX/XXXX/XXXXX  
(Office code/year/Sr. No.)

### Loss / Damage Intimation Letter

1. Name of the Insured: \_\_\_\_\_
2. Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Contact No Tel: \_\_\_\_\_ Mobile No. \_\_\_\_\_
4. Email ID: \_\_\_\_\_
5. Policy No.: \_\_\_\_\_
6. Period of Insurance: \_\_\_\_\_
7. Vehicle Regd. No. \_\_\_\_\_
8. Type of Vehicle: \_\_\_\_\_
9. 

|   |
|---|
| Date(DD/MM/YYYY),<br>place and time of<br>loss / damage |
|---|

 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Brief description of loss/Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Estimate of Loss: \_\_\_\_\_
12. Whether TPPI/TPPD is involved with brief details of injuries to Third Party  
and / or property damages of Third Party: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature**

**Place :**

**Date & time:**

**Name of the Person giving intimation**