

STANDARD FIRE AND SPECIAL PERILS POLICY

Claim Form

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

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

Policy No.		Claim No.	
Period of Insurance From	<div style="display: flex; justify-content: space-between;"> <div> D D M M Y Y Y Y </div> <div> To D D M M Y Y Y Y </div> </div>		

A. DETAILS OF INSURED/CLAIMANT

[illegible]

B. DETAILS OF LOSS/ACCIDENT

[illegible]

WITNESS DETAILS

1. Were there any witnesses to the loss/accident?

☐ Yes ☐ No

If 'Yes',

2. Name as Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

3. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

4. Contact Details

Phone No. Mobile
E-mail Id

INFORMATION TO AUTHORITY

1. Has the loss been reported to an Authority?

☐ Yes ☐ No

If 'No', reason for not reporting

If 'Yes', provide details

☐ Fire ☐ Police ☐ Municipality ☐ Other

2. Name of Authority

3. Information Report No./
Authority Reference No.

Date D D M M Y Y Y Y

4. Contact Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

5. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

6. Contact Details

Phone No. Mobile
E-mail Id

C. DETAILS OF OTHER INSURANCE

1. Is the loss/damage covered under any other Insurance?

☐ Yes ☐ No

If 'Yes', specify details and
attach a copy of the policy

2. Name of Insurer

3. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

4. Contact Details

Phone No. Mobile
E-mail Id

5. Policy No.

6. Period of Insurance

From D D M M Y Y Y Y To D D M M Y Y Y Y

7. Sum Insured (Rs.)

D. DETAILS OF OTHER INTEREST

1. Is the Insured the Sole Owner of the property?

☐ Yes ☐ No

If 'No', specify

2. Nature of Interest

3. Person/s who has/have interest on property

4. Address

Plot No/Door No.

Building Name

Road

Area

City

Pincode

State

5. Contact Details

Phone No.

Mobile

E-mail Id

E. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

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

Place

Signature of Insured/Claimant

Date:

Name of Insured/Claimant