REGD. OFFICE:
BHARTI AXA GENERAL INSURANCE COMPANY LIMITED,
RMZ Infinity, B - Tower, 2nd Floor, No. 3, Old Madras Road,
Bangalore - 560016. Tel: 080-40260100.
Toll-Free Helpline: 1800-103-2292
E-mail: claims@bharti-axagi.co.in
SMS <CLAIM> to 5667700
Website: www.bharti-axagi.co.in



ALL RISK INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSIBILITY OF LIABILITY. PAM
Please fill this form in Block Letters and Tick the Boxes \checkmark where appropriate and do not leave any column unanswered. If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.
Policy Number:
A. DETAILS OF INSURED/s
Name:
Address:
Pin code:
Telephone No.:
E-mail Address:
B. LOSS DETAILS
Time & Date of loss: (Hrs.) [D[D[M[M] Y Y Y Y] Y]
Nature of loss Accidental Damages Fire Burglary/Theft
Place of loss
Circumstances leading to loss or damage:
Who noticed the loss:
C. LOSS INTIMATION
Whether loss has been reported to Fire Brigade Yes No Police Authorities Yes No
If yes, please attach the copies of the reports and if no, the reasons for not doing so.
D. DETAILS OF THE AFFECTED PROPERTY
The description of the items lost/damaged
Make and model of the items
The year of manufacture and its serial/identification number of the item lost
The current replacement value of item

The charges required to repair the damages	
(Or please attach estimate if you have already taken)	
E. PREVIOUS LOSS HISTORY, IF ANY	
F. DETAILS OF OTHER INSURANCES ON AFFECTED P	ROPERTY
1. De 17ties of Office insolvinces on 7ti lected in	NOI ENTI
C IN YOUR ORINION IS ANY THIRD BARTY DESPONSIBLE	FOR THE LOSS
G. IN YOUR OPINION, IS ANY THIRD PARTY RESPONSIBLE If yes name and address of such person	
I/We hereby declare that the above questions have been conscientiously and faithfully answ correctness and completeness of the statement. I/We shall provide any additional information,	
Date:	
Place:	
	Signature of Insured



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