

Office Address:	Policy No	:
	Period of Insurance	:
	Date of Accident	:
	Claim Number	:

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Other insurance on same loss
If yes details

☐ Yes: ☐ No

Previous losses under the policy:

Details of Witness:-

1.Name _____ 2. Name _____
Address _____ Address _____

Additional information in case of claim under :

Section 1. Fire - Building and content / Earth quake / Additional expenses of rent for alternative accommodation

1	Whether the premises was occupied at the time of fire / loss? Y/N,if No, Please provide the date from when it was vacant.	Date _____Time _____Location _____ Reason for removal :-
2.	Has the fire / loss been reported to fire brigade and Police?Y/N ,If no, give reasons	FIR No.
3.	State whether the property damaged, is Hypothecated / Lease / Hire purchase, If yes give details?	Hypothecation Party Name: Period of such Hypothecation: Value of such loan:
4.	State the total sum value/s of loss/damaged property on date of loss.(Description of individual property damaged in Annexure 1)	
5.	State the value of Salvage, if any?	
1.	State the total value of the property insured upon the premises at the time of loss.	
2.	Is case loss reported is due to Earthquake? If y, then submit the evidence of it.	
3.	Is the dwelling completely unfit for occupation after the occurrence of loss?Y/N	
4.	What is the amount of rent paid / received by the insured	
5.	What is the additional rent to be paid by the insured as the consequence of loss	
6.	What is the amount of loss of rent? *	
7.	What is the period of which property remained unfit for occupation	
8.	Address of the premises at which loss occurred.	

*Proof of tenancy is required

Additional information in case of claim under Section 1.

- a) Whether any property removed as an immediate Concern for further loss if yes give details _____
- b) Occupation of the premises at the time of fire / loss

- c) Has the fire / loss been reported to fire brigade (If not give reasons)

- d) State whether the property so damaged

- e) If Hypothecated / Lease / Hire purchase if yes ve details

- f) What is the amount of rent paid / receipt by the insured

- g) What is the additional rent to be paid by the insured as the consequence of loss

- h) What is the period of which property remained unfit for occupation

- i) Address where the loss can be inspected

Note: -

Claim under “Rent for alternative Accommodation” is admissible only if claim is registered and accepted on insured dwelling under Sector A1 of the policy and dwelling declared unfit for occupation.

Section 2: Burglary and/or theft

1.	Which portion of the premises affected by the entry/exit?	
2.	Has a complaint been lodged with the police? If so, by whom and when and at which police station?	
3.	Were the premises occupied at the time of loss? (a) If not, on what date and at what hour were they last occupied? (b) For how long have the premises been unoccupied?	

4.	Is anybody suspected of theft? If so, state full details.	
5.	Is the insured the sole owner of (a) the property lost or damaged ? (b) if no, the property belongs to whom ? (c) Is the insured responsible for repairs to the premises?	
6.	State the total value of property upon the premises at the time of loss Value and description of contents lost, to be given In the annex 1.	
7.	Any other relevant information.	

DECLARATION

I/We hereby agree, affirm and declare that:

- (a) The statements/information given/stated by me/us in this Claim Form are true, correct and complete.
- (b) The articles are properly described belong to the person named and no other person having interest therein, whether as Owners, Mortgage, Trustee or otherwise.
- (c) The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the Proposal Form or by way of an endorsement in the Policy. Furthermore, save and except as provided or disclosed in this Claim Form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other Insurance Company.
- (d) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- (e) If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the Policy shall be void and that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.
- (f) I agree that in the event of this property being recovered to refund to the Company in full any amount that it may have advanced to me on account of said loss. It being understood that the Company has the option to pay the cost of restoring it to sound condition, if recovered in a damaged condition.
- (g) The receipt of this Claim Form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Place:

Date:

Signature of Insured