

**ALL RISK POLICY
CLAIMS FORM**

Issuance of this claim form is not to be taken as an admission of liability.

The claim form is to be duly filled and signed by the insured. All facts and statements must be factual, and not influenced or biased in any favour.

If any detail or information is not readily available, please do not delay the dispatch of this form. Such particulars may be sent by the Insured later separately.

Policy Number			
Claim No			
Policy Period		From	To
Name Of Insured/Claimant			
Address		City:	
		State:	
		Pin code:	
Contact Details		Phone No.	
		Mobile No.	
		Email Id:	
DETAILS OF LOSS			
Date and Time of accident			
Brief description of accident			
Cause of loss / Damage			
Details of witness (name, address, tel nos)			
Approximate Value of loss			
Is FIR filed with police authorities? If yes please provide details			
Provide additional details relevant to claims, if any			
DETAILS OF OTHER INSURANCES			
Give details of other Insurance, if any, covering the present loss			
DETAILS OF PREVIOUS LOSSES			
Give details of previous claims, if any, on the project			

Declaration

I/We agree to provide any additional information to the Company, if required, in relation to the loss or damage. I/We, the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement(s) and document(s) in every respect, and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said loss/damage, any false or fraudulent statement, or any suppression or concealment of any fact deemed material, my/our claim shall be absolutely forfeited, and the Policy shall be void without any refund of premium, and all rights to recover there under in respect of past or future loss/damage shall be forfeited.

Date:

Place:

Signature of Insured :

*******END*******